C+D
Chemist+Druggist
news+education+tools for the pharmacy community
www.chemistanddruggist.co.uk
1 November 2008

A perfect storm

The freak conditions fuelling drug shortage forecasts

See page 10

- **Safety net to stop pricing errors** See page 4
- Control of entry reforms: what you need to know See page 12
- CPD: Sad or SAD? How to tell the difference See page 19

In this week's issue, learn about

The Power to get through colds & flu

Pharmacy guide & competition inside

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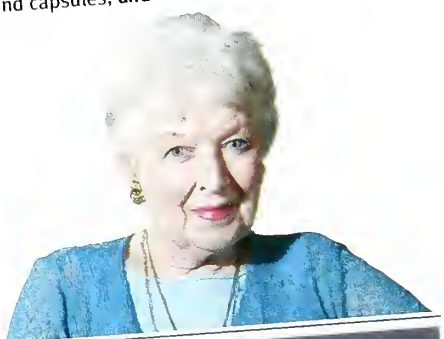

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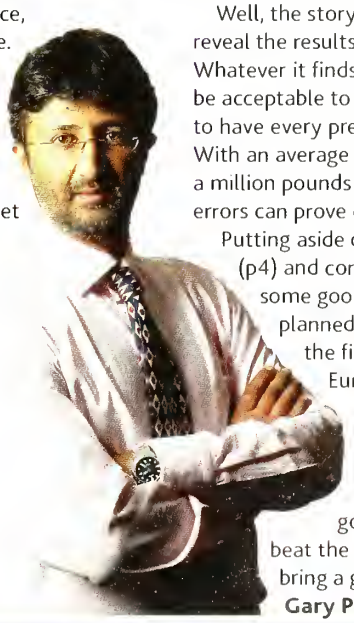
Comment from the Editor

As the country deals with the early winter chill this week, community pharmacy is bracing itself for its own personal storm. Currency fluctuations, manufacturer quotas and the impending reduction in prices of branded drugs are all conspiring to create a winter of discontent, the industry's supply sector is warning (p10).

Coinciding with the traditional Christmas prescription stampede, drug shortages are inevitable as wholesalers and contractors reduce stock levels in a bid to lessen the financial hit when a significant chunk of their stock is reduced in value. Once again it's pharmacists, as the public-facing service, who will have to deal with patients' ire.



Wholesalers are pushing for compensation for any fall in stock value and it must be no different for contractors. As taxpayers, we all want the NHS to pay a fair price, but as patients we want to know we can get the medicines we need when we need them. When the dust has settled on this sorry mess, the government will be quids in – but it would be a far more palatable process if those who provide the essential supply and dispensing roles were protected from any unintended consequences.

If looming out of stocks wasn't enough to contend with, there is always the prescription-switching saga. It has hit the headlines all year with contractors arguing that they are losing out financially (p4). The official line is that you should be more careful when you do your end of month filing.

Well, the story continues as PSNC looks set to reveal the results of its own inquiry next week. Whatever it finds, there is only one solution that will be acceptable to pharmacy – every contractor deserves to have every prescription priced accurately first time. With an average pharmacy turning over nearly half a million pounds of NHS stock each year, even small errors can prove costly.

Putting aside other industry concerns such as EPS (p4) and control of entry (p12), there is at least some good news to cheer the sector. GSK's planned OTC launch of orlistat has jumped the first hurdle with a positive opinion from Europe and, if approved, offers a huge opportunity for community pharmacy to tackle one of the UK's major public health problems.

We are now clearly at the heart of government plans for health. If we can beat the impending winter blues, 2009 could bring a glorious spring.

Gary Paragpuri, Editor

Contents

News
PPD safety valve to catch Rx pricing errors 4
Professional body plans ready for approval 5
Foster on track with railside services plan 6
RPSGB president: give us a second chance 8
The perfect storm – stock shortages ahead 10
What next for control of entry? 12

Opinion
Xrayser and Terry Maguire 17

CPD
Update: Seasonal affective disorder 19
Practical Approach: painful toes 22

Product News 26

Features
Gut feelings – GI pharmacy services 30
How to be the best locum 34

Classified & Recruitment 36

PostScript 39

C+D **PPA Awards 2008** Highly Commended **TABPI Awards 2008** Winner for news coverage

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PPD introduces safety valve to catch prescription pricing errors

Prescription Pricing Division admits "numerous errors" in one contractor's £1,500 underpayment

Jennifer Richardson

NHS paymasters are set to introduce a safety valve to identify contractor payments with high numbers of errors, before payments are made.

The news came after C+D was contacted by another angry contractor underpaid thousands of pounds by the NHS's Prescription Pricing Division (PPD).

The PPD planned to introduce an analysis tool to assess accounts on variables such as changes to the number of items declared. "This will help us identify any significant variations in pharmacy payments that might be indicative of a pricing problem," a spokesperson told C+D.

"This will provide us with the potential to intervene before a payment is made."

The tool has been developed in conjunction with Newcastle University's Industrial Statistics Research Unit (ISRU).

An analysis by ISRU had revealed "no significant underlying difference" to contractor payments following the introduction of the PPD's automated pricing system last year, the spokesperson added. The PPD claims to have an accuracy rate of 98.5 per cent.

But a "random check" by the PPD revealed an underpayment of over £1,500 to Graham Phillips, of Hertfordshire's Manor Pharmacy Group, due to what a PPD customer manager described as "numerous errors" by the technology and staff.

The manager catalogued more than 80 individual errors in just one monthly payment.

The problems were in addition to more than 130 incorrect switches of prescriptions from exempt to paid status on one of Mr Phillips's payments, which would have cost him a further £1,000 if he had not challenged them.

Mr Phillips said: "If I had a pharmacy performing at this level I'd be up in front of the [RPSGB disciplinary board] Stat Com."

PPD staff were "made accountable for their errors" the customer manager said. "Corrective measures" could include performance improvement targets or extra training, the spokesperson added. "We are continuously aiming to improve the average processing accuracy."

The first results from a PSNC audit of prescription pricing are expected next week.

Aiming high: the PPD has an accuracy rate of 99.8 per cent but is "continuously" looking to improve this, it claims

Have you been hit by pricing errors?
jrichardson@cmpmedica.com

Silence over EPS emergency summit

Pharmacy representatives have closed ranks over the outcome of emergency talks with ministers in England on the future of the electronic prescription service (EPS).

Industry figures refused to comment on whether the meeting had restored confidence in the project.

Five pharmacy bodies demanded talks with the Department of Health to address wide-ranging concerns over EPS in July.

Representatives want guarantees that electronic prescribing is fit for purpose and won't compromise medicine supply. The concerns follow early tests of the project that revealed longer dispensing times.

When asked if talks with the DH last week had been able to satisfy these concerns, Lindsay McClure, PSNC head of information services, said: "The meeting was part of an ongoing dialogue with the Department of Health on EPS." Ms McClure added: "We have no plans to make any further comments on the meeting."

PSNC, the NPA, CCA, AIMp and RPSGB launched a pan-pharmacy group in September 2007 to aid engagement with the government's £13 billion project to update NHS IT. One of the key aims was to boost communication between the government and the profession on key elements of the project.

NPA board members were discussing the outcome of last week's meeting as C+D went to press. A government spokesperson said talks were part of an ongoing dialogue. **MG**

Anti-obesity drug switch is 'significant opportunity'

The anticipated switch of an anti-obesity drug to non-prescription status is a "very significant" business and professional opportunity, industry representatives have said.

The European medicines regulator has recommended GSK's centrally-licensed Alli (orlistat) be made available without prescription, and the proposal will now be passed to the European Commission for approval.

The NPA and UniChem both pointed to Alli's sell-out OTC launch in the US last year. "It's a very significant business opportunity for pharmacy if the same pattern follows," said NPA lead pharmacist Colette McCreedy. Increased footfall, linked sales and related MURs were potential bonuses, added UniChem professional services manager Meera Sharma.

But the switch would also present a wider opportunity to highlight the importance of pharmacy's professional role in medicines supply, Ms McCreedy and Ms Sharma both stressed.

Ms Sharma said: "A professional sale backed up by additional support and advice reinforces the message that pharmacy is best placed for future launches related to healthcare."

Pharmacists and pharmacy staff must exploit training materials the manufacturer would be obliged to provide if the switch went ahead, Ms McCreedy advised. The NPA was in discussions with GSK to support such resources, she added.

Pharmacy training was "crucial" to Alli's OTC availability, GSK said, and would be available for the expected 2009 launch. **JR**

Professional body plans ready for final approval

"We are not recommending RPSGB mark two," says committee chairman

Jennifer Richardson

A prospectus for the future professional body will go to the Royal Pharmaceutical Society Council for approval next week.

The blueprint for the leadership body would recommend a clear "culture change", said Nigel Clarke, chair of the transitional committee (Transcom) charged with creating it.

"We are not recommending RPSGB mark two," Mr Clarke told C+D as the prospectus was being finalised this week. It was expected to reach Council members by the end of this week.

Transcom had recommended a bottom-up approach to leadership, Mr Clarke revealed. He said: "The really crucial thing is the way in which local support will be organised for pharmacists, particularly around professional development."

Representation was another cornerstone of the professional body, he said. Mr Clarke said the organisation would raise pharmacists' media profile and lobby government and policymakers. This would be a marked contrast to the RPSGB's record in these areas, he added.

RPSGB members could expect a "huge change" in the professional body's focus when the Society relinquished its regulatory role to the General Pharmaceutical Council in 2010, Mr Clarke said.

The format for Council's debate on the prospectus – and whether members would be able to vote on individual recommendations or only the full document – remained unclear as C+D went to press.

C+D is set to host a Question Time-style debate on the future professional body. RPSGB president Steve Churton and CEO Jeremy Holmes will be grilled on their plans for the profession by grassroots community pharmacists, and the resulting debate will be revealed in a video in C+D's December 6 Digital Edition. Got a question? Email it to haveyoursay@cmpmedica.com

Crystal meth seizure alert

Pharmacists and pharmacy staff must remain alert to potential substance misuse linked to decongestant sales, the RPSGB has said.

The reminder came as C+D learned that class A drug methylamphetamine (crystal meth) had been seized in Grampian, Scotland, over the summer. The drug can be made using pseudoephedrine- and ephedrine-containing medicines in potentially dangerous home laboratories.

Pharmacists should "pay particular attention to requests for large quantities and/or abnormally frequent requests" for such remedies, the Society warned, and report suspicious purchases.

Next July, medicines regulator the MHRA will reconsider its plan to make pseudoephedrine prescription-only in a bid to prevent the spread of crystal meth abuse in the UK. **JR**

AAH cuts fuel levy charge

AAH has reduced its fuel surcharge from £14 to £10 per month from today (November 1).

The NPA and PSNC both expected the move to put pressure on the other two wholesalers who operated a levy, to similarly reflect falling fuel prices.

But UniChem and Phoenix said they had no immediate plans to lower the charges to their customers (C+D, October 25, p8).

AAH wanted to pass a recent "slight reduction" in its fuel costs to customers "straight away", group managing director Mark James said. But he added: "I must stress that both the old and new surcharge rates nowhere near cover the increased fuel costs which AAH faces." AAH would "keep the situation under constant review", Mr James said.

AAH has cut £4 from its fuel levy to reflect reducing diesel prices

UniChem and Phoenix also pledged to keep reviewing their respective £14 and £9.75 per month levies, but said fuel price stability was needed before adjusting surcharges.

PSNC encouraged contractors to lobby UniChem and Phoenix to follow AAH's lead. "It does give the customers of the other two wholesalers a bit of a lever to say, 'how about it?'," said head of NHS services Alastair Buxton.

PSNC and the DH are discussing how the extra costs will be recognised. **JR**

News in brief

Price cut time lag

Planned price cuts for branded medicines, due to come into effect in January, will not be reflected in pharmacy reimbursement until payment for February prescriptions, the DH has confirmed. The reassurance would allow contractors to maintain stock levels over Christmas, PSNC said. www.psnc.org.uk

Call for PPRS full freeze

AAH chief Mark James has called for a three-month freeze on all parts of the PPRS. He said: "I can see no pressing need to rush ahead when so much remains unclear and so many concerns are unaddressed." The comments follow last week's decision to postpone price cuts to off patent branded drugs until April at the earliest. www.chemistanddruggist.co.uk

Change to AAH orders

AAH customers will receive normal discount rates for qualifying ethical medicines ordered direct from manufacturers, the wholesaler announced as C+D went to press. From this week AAH will charge manufacturers instead of customers the cost of manually invoicing direct orders.

Thieves threaten service

A London contractor has seen his round-the-clock community service jeopardised by thieves. Two raids have forced contractor Nazim Ali to reconsider his plan to make a health information point accessible to the local community 24 hours a day by shunning protective shutters. www.chemistanddruggist.co.uk

Scots contract payments

Scottish contractors will receive over £4 million to support data collection and electronic transfer of prescriptions, after arrangements for the first part of 2008-09 contract implementation funding were announced in a Scottish Government circular last week.

Meet Mike: our new contractor columnist
See page 38

Foster on track with railside services plan

Commuter pharmacies could spread to more Southeastern Railway stations

James Clegg

A Kent pharmacist plans to convert derelict space at a coastal train station into a convenience pharmacy for commuters.

The out of hours dispensary, which will be branded Trackside Pharmacy, will be built into a 500sq ft disused parcel room in Bexhill Station, East Sussex.

If successful, C+D Award winner Stephen Foster hopes to extend the Trackside Pharmacy initiative to stations across the Southeastern Railway network.

Mr Foster, owner of Pierremont Pharmacy in Broadstairs, said: "The concept is convenience pharmacy looking to meet local need. The footfall in the station is great and in Bexhill there's a lot of opportunity for local enhanced services." EHC and smoking cessation are among those planned, Mr Foster said.

The £100,000 Trackside Pharmacy initiative is the product of collaboration between Mr Foster and South East Health Ltd, an out of hours primary care provider covering Sussex, Brighton & Hove, Kent and Swale.

Coming to a station near you? Stephen Foster wants Trackside pharmacies across the Southeastern Railway net

Mr Foster said the rent of around £15,000 per annum was "very reasonable". The project also received extra council funding to recognise the regeneration value of investing in the station.

Mr Foster and South East Health have now confirmed the pharmacy's NHS contract with the local PCT and architect's plans for the interior are being finalised. The pharmacy is expected to open early next year.

How are you innovating to bring in extra cash? mgosney@cmpmedica.com

Sigma Pharmaceuticals has urged newly appointed pharmacy minister Phil Hope to review reimbursement of pharmacy services. With local Watford MP Claire Ward (Labour), pictured second right, the generic medicines company took more than 30 suppliers and customers for a tour of the Palace of Westminster last week, where the group was joined for lunch by Mr Hope. The visitors also encouraged Mr Hope to visit local community pharmacies and consider the profession's representation on PCTs. "He made note of these points and assured us of his support for retail pharmacy," said Sigma MD Bharat Shah, pictured third from right on the Palace terrace with Ms Ward and other group members

News in brief

GSK all set

GlaxoSmithKline has said it is all set for the start of a deal to supply prescription medicines exclusively via AAH and UniChem from November 1. A company spokeswoman said GSK was very happy with the preparation for the new arrangements.

Ask About Medicines

Ask About Medicines Week kicks off on Monday, encouraging people with mental health problems to quiz health professionals about their medicines.
www.askaboutmedicines.org

Winning window display

AAH has started a search for the most artistic pharmacy window display. Customers will be challenged to get creative with cough and cold point of sale material. The winner receives a coffee machine. For further information, call 02476 432346.

PR boost

More than nine out of 10 patients rate advice from independent pharmacies as very good or excellent, according to Avicenna chief executive Salim Jetha. The results could help bring a feelgood factor to the sector following negative publicity from Which? and Daily Mail investigations, he told UniChem delegates in Oman.

Fighting lung cancer

Pharmacists are being urged to raise public awareness about lung cancer. The profession could play a key part in early detection, the Roy Castle Lung Cancer foundation said, ahead of November's global lung cancer awareness month.
www.roycastle.org

Access all areas

Community pharmacists need access to medical care records, industry bodies – including the CCA, NPA and PSNC – have told a Conservative Party health IT policy review.
www.chemistandddruggist.co.uk

C+D BUSINESS SEMINARS
Make *your* business stand out from the crowd. See page 16

ADVERTISEMENT

The No. 1 sizes up its opportunities

Hannah Korkmaz

The makers of the best-selling OTC topical NSAID, Diomed, are adding to the success of the Ibuleve range with new, larger 100g packs - their largest packs yet. It's hoped that the new pack size will offer good value for money for those people who need pain relief for annoying or recurring conditions.

Best-selling Ibuleve gel, which is applied directly to the area of pain, is indicated for fast local relief of backache, rheumatic and also muscular pain, sprains and strains, as well as pain relief in common arthritic conditions. Its topical format makes it a popular alternative to oral ibuprofen tablets.

As fast and effective as pills?

Richard Knight

A published clinical study[1] has shown that, when treating soft tissue injuries such as sprains, strains and back pain, Ibuleve gel can match the efficacy and speed of pain relief offered by oral 400mg ibuprofen tablets.

The results of the study may be useful when making a pain relief product recommendation. And because Ibuleve is applied directly to the skin at the point of pain, it can minimise the risk of the side-effects associated with oral painkilling tablets.

Well-stocked: It's hoped that pharmacies will benefit from being able to offer larger, value for money packs of favourite products.

Latest update

NICE news

Recent guidance[2] from the National Institute of Clinical Excellence may affect pharmacists' recommendations when offering pain relief for osteoarthritis.

The guidelines show that it may be advisable to offer topical NSAIDs (for example, an ibuprofen gel) or paracetamol, before recommending oral NSAIDs (like ibuprofen tablets).

Not all the same

Not all ibuprofen gels may be the same, yet evidence suggests that some health professionals do not realise this.

An independent comparative study has shown that the advanced formulation of Ibuleve - the brand leader amongst OTC topical NSAIDs - penetrates the skin's lipid and water barrier up to five times more effectively than other common topical ibuprofens. With better education it's hoped that this kind of information will sink in.

1.Whitefield M, O'Kane CJA and Anderson S (2002) Comparative efficacy of a proprietary topical ibuprofen gel and oral ibuprofen in acute soft tissue injuries: a randomized, double-blind study. Journal of Clinical Pharmacy and Therapeutics 27, 409-417.

2.BMJ, March 2008. 'Care and management of osteoarthritis in adults: summary of NICE guidance.' Conaghan et al on behalf of the Guideline Development Group.

3.Hadgraft J, et al (2003) Skin Penetration of Topical Formulations of Ibuprofen 5%: An in vitro Comparative Study. Skin Pharmacology and applied Skin Physiology Vol. 16, No.3, 137-142.

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*IRI, MAT August 2008, Value Sales, Total All Outlets.

UniChem conference photos online at:
www.chemistanddruggist.co.uk/events

Dispensary TALK

What should wholesalers do with fuel levies?

"I'm bound to say scrap them. They're not affecting me directly as we're part of a group and I don't really deal with that side of things. But I do think it's bad for the industry."
David Smith, Peak Pharmacy, Dronfield

"In light of the fact that fuel prices have now come down again I think they should get rid of them. It would be better for pharmacy and given that prices are now lower than when they were introduced I can't see any justification to keep them in place."
Paul Howie, Lime Tree Pharmacy, Worthing

WEB VERDICT:

Scrap them immediately	75%
Reduce them temporarily	14%
Nothing for now	11%

Armchair view: With contractors feeling the crunch as much as everyone else, it's no surprise fuel levies are not flavour of the month. Calls for surcharges to be scrapped will only grow in the face of falling oil prices. **Next week's question:** How would you assess stock shortages in 2008? Vote at www.chemistanddruggist.co.uk

Society president: give us a second chance

New organisation will champion profession, says RPSGB president

Max Gosney

The RPSGB president urged pharmacists to forgive the Society's past failings and unite behind a new professional body, at the UniChem convention in Oman.

But one delegate said the Society would struggle to sign up members while it continued to persecute grassroots professionals. However, Mr Churton reminded delegates that the burden of regulatory duties would be lifted from the Society after 2010.

The organisation could then concentrate on championing the profession, he stressed. In the meantime, pharmacists had a duty as healthcare professionals to engage in plans to create a new professional body, the RPSGB president added.

The profession had a "once in a lifetime" opportunity to "bring pharmacy home", he stated.

The Society was determined to address past failings, Mr Churton said in a repeat of his call for forgiveness at September's British Pharmaceutical Conference (C+D, September 13, p6).

However, the president faced hostile questioning during a post-speech Q&A. One pharmacist commented: "We've been asked to bail out the staff pension fund and I'm alarmed you're banking on us to bail out the pension fund again... it's a black hole."

Steve Churton: determined to address the RPSGB's past failings

Mr Churton said staff on final salary pensions who moved across to the new regulator, the General Pharmaceutical Council, would have those agreements honoured.

Mike Smith, UniChem chairman, concluded: "I think he [Steve Churton] got the message loud and clear. The time has come for change... if it's not different in the future then quite frankly they [RPSGB] will be dead in the water."

What do you want from the new RPSGB?
mgosney@cmpmedica.com

NPA chief delivers upbeat manifesto

NPA chief executive John Turk laid out his manifesto to represent, support and protect all players in community pharmacy, at the UniChem convention.

The NPA had to better reflect the diversity of its membership, Mr Turk stressed. National multiples did not want the same support as stand alone contractors, he told delegates.

Mr Turk said: "If you feel we have not recognised this, or not done this very well in the past, I apologise. I and the NPA need to change to ensure we are meeting your requirements."

Pharmacists could expect a much more personalised organisation to evolve under his leadership, Mr Turk said.

Contractors could also anticipate more help in realising clinical service opportunities, he added.

The NPA would campaign to open doors with PCTs, he pledged. More private services like the allergy and chlamydia initiatives launched this year were also on the agenda.

The NPA was committed to representing members at a national level. This would be achieved by working hand in hand with other stakeholders, Mr Turk said.

He said: "The time for talk and for factions is at an end." **MG**

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Forecasters predict severe shortages on branded drug stocks this winter. **Max Gosney** asks how the situation got so bad and what can be done to stop out of stocks striking again

A perfect storm

Batten down the hatches. A storm is brewing over the medicines supply chain this winter and it's set to be a biggie. Currency changes, manufacturer quotas and an impending cut in branded medicine prices have created the conditions for what some in the sector are calling the perfect storm.

The bleak forecast came at the British Association of Pharmaceutical Wholesalers (BAPW) parliamentary meeting last week. Supply shortages are now a certainty this December and January because of the poor handling of the new Pharmaceutical Price Regulation Scheme, according to Ian Brownlee, BAPW chairman. "We are witnessing the usual train crash," he says of the negotiations over the mechanism that caps the profit big pharma can make from supplying branded drugs to the NHS. He adds: "The finest minds are at work to discover the worst way of dealing with the price and other changes involved."

Wholesalers' objections centre on the timing and handling of PPRS negotiations. Christmas is rush hour for medicine demand in the UK. Tabling a cut in drug prices for the busiest dispensing period is like deciding to take your Reliant Robin for a spin on the M25 in the morning rush hour. "Choosing January was always a bad idea because December is the busiest month of the year," Mr Brownlee says. "Wholesalers always have their highest stocks in December."

Not this year. Faced with the possibility of drugs being devalued come January 1, many have been left with little choice but to reduce stock to a minimum to defend against losses, Mr Brownlee says.

Department of Health proposals to ease the strain by introducing price cuts in two phases – one for brands under patent and one for brands out of patent – miss the point, the BAPW chief adds. Delaying price cuts on out of patent brands to April will only lead to "two bites of destocking and shortages", Mr Brownlee warns. A more effective solution would be to make manufacturers compensate wholesalers for any reduction to stock value after January 1, he says. So far some drugs firms have been more receptive to the idea than others, Mr Brownlee says.

And there lies the wider problem, according to industry leaders. While some manufacturers are sympathetic to pharmacy supply issues, others show a lack of understanding. Jeremy Main, MD at UniChem, says: "I don't know how well big manufacturers understand pharmacy... it amazes me that a supply chain set up to deliver patient care can be so undermined by product supply issues."

The PPRS may have dominated discussions around stock shortages. But the supply chain was suffering huge difficulties well before the pricing agreement hit the headlines. Wholesalers have been out of stock of some products for periods in 2008 as manufacturers restrict the supply of their products. One wholesaler's out of stocks update from August this year shows a lengthy list of unavailable items from several firms.

Yet, those manufacturers who have imposed restrictions have not done so out of malice. The falling value of the pound against the euro has made the UK a net exporter of medicines.

In part, quotas have helped drugs firms defend against large volumes of stock being parallel traded to Europe from the UK. Big pharma is understandably reluctant to flood the market with new product, even with warnings of shortages.

"How do I know my product meant for the UK won't simply be repackaged and sent to Germany?" one insider told C+D, who also said firms keep reserve stock in case of emergencies.

And boosting UK stock levels is not as simple as it might seem. Drugs companies operate global manufacturing businesses, of which the UK market represents only a small part. Some drugs firms may simply not have the capacity to rapidly increase stock levels to these shores, say industry sources.

So it is pharmacists who are left to feel the pinch of the supply chain squeeze. Out of stocks had increased by 10 per cent during the year, one contractor told C+D. "It's a nuisance," he says. "Surgeries are ringing up and saying: 'why is this not available?' It's a huge problem, there's no question about it."

But a solution may be in sight. The BAPW says it is working on an initiative to provide better information on supply chain shortages. Wholesalers are pushing for an early warning system that links manufacturer, distributor, pharmacist and the DH.

The move will probably come too late to avert this winter's predicted problems. But, a willingness from manufacturers and wholesalers to work more closely in the future could ensure the next storm is identified and deflected long before it strikes the supply chain.

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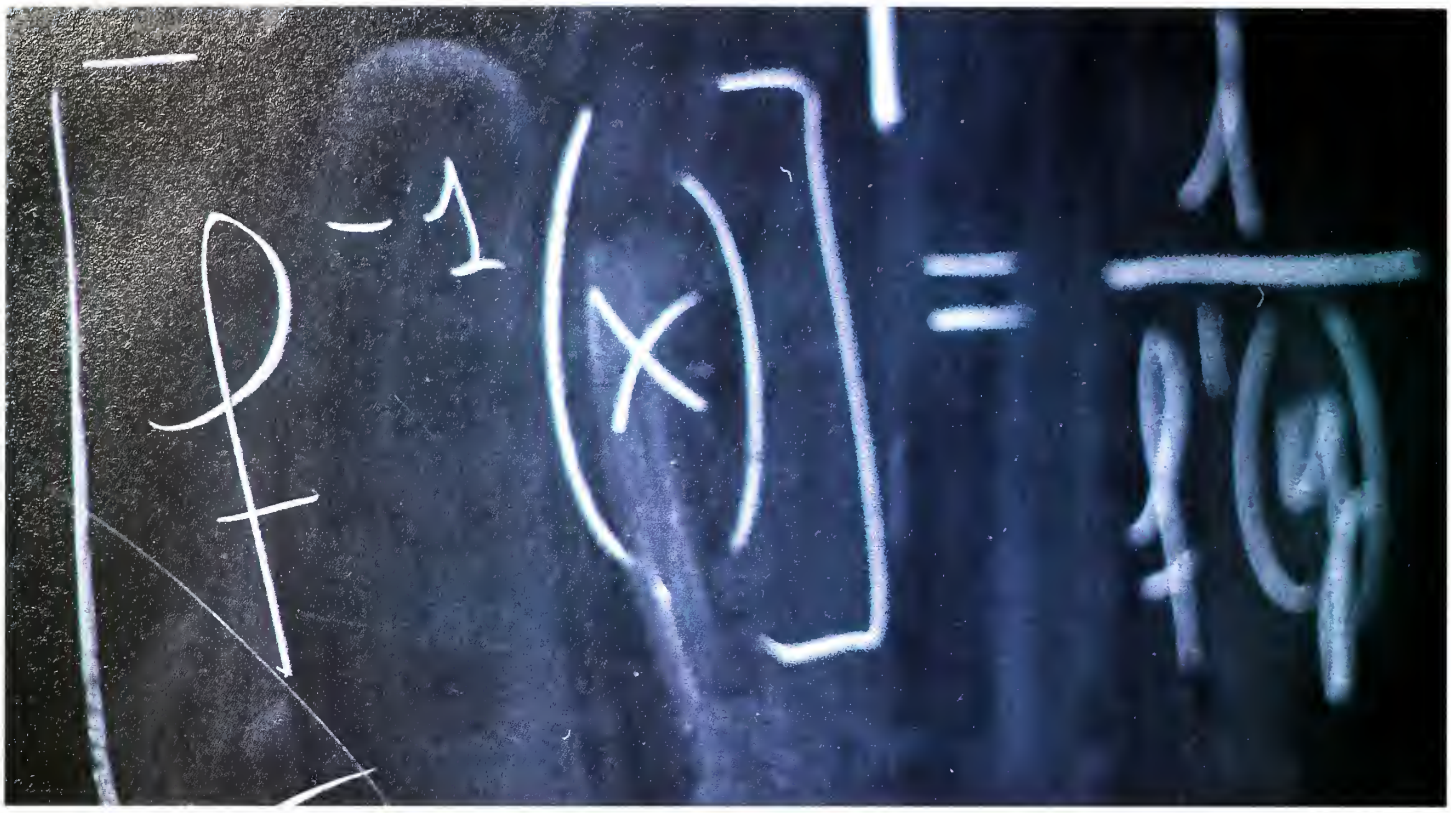

The right formula?

The Department of Health is proposing a radical overhaul of control of entry. Legal expert **David Reissner** sifts through the plan to see if the new formula will be good for pharmacy

The Department of Health's consultation on the future of control of entry is entitled Building on Strengths, but it reads like a long confession, admitting the opportunities it missed and the mistakes that were made when the NHS Regulations were amended in 2005.

Perhaps the key feature of the consultation paper, published in the wake of the pharmacy white paper in April this year, is that control of entry is here to stay: the Department recognises that such a system is needed in order to provide sufficient reassurance to pharmacy owners to invest in their businesses and expand services in line with government policy.

Pharmaceutical needs assessments

In theory, all PCTs should already have a pharmaceutical needs assessment (PNA). Increasingly, PNAs are taken into account when considering applications for new NHS pharmacy contracts. In practice, few PCTs have a PNA that is of any use:

- Some PCTs have no PNA at all.
- Some PNAs do no more than list the pharmaceutical services that were being provided at the time the PNA was prepared.
- Many PNAs reflect general health aspirations, but do not identify needs.
- Many PNAs are out of date.

Against this background, the consultation document says PCTs "should undertake a more rigorous assessment of local needs to provide an objective framework for future contractual arrangements and market entry". The DH believes reference to PNAs will provide "a more objective basis" than the current test of necessity, expediency and adequacy for determining whether or not to commission new providers of services.

The new control of entry test

The consultation paper says the DH intends to continue to make applicants for NHS pharmacy contracts prove that it is necessary or expedient in order to secure the adequate provision of services. At the same time, the DH says it proposes to replace the current control of entry test with a test linked to local PNAs. The implication is that the necessary or expedient test will disappear when proper PNAs are in place.

Neighbourhood

Currently, PCTs have to determine the level of adequacy of pharmaceutical services in the neighbourhood in which a proposed pharmacy would be located. This gives rise to considerable argument about the boundaries of the neighbourhood and whether there is a reasonable choice of pharmacies. These arguments are often sterile affairs; it would be more useful to look at what other pharmacies are accessible to people who might use a new pharmacy.

Simply removing references in the regulations to the word "neighbourhood" will not be enough, because PCTs will need to know the parameters within which they are to measure adequacy. The consultation paper suggests that PCTs could replace reference to neighbourhoods with an assessment of the needs of "discrete localities", but if PCTs are left to write their own regulatory test, it will be a recipe for confusion. If a geographical area, such as a neighbourhood, will no longer be the reference point, it would be more sensible to have a ▶

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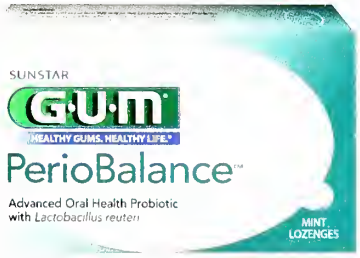

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1. Çaglar E et al Oral Disease 2005, 11 131-137

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test that involves consideration of access to existing services, rather than allowing PCTs on a random basis to look at needs within "discrete localities".

A new two-stage process

As part of a new legislative structure, the DH envisages a two-stage process:

1. A PCT would have to grant an application if satisfied that to do so would secure "the overall adequacy of pharmaceutical service provision in the PCT's area, judged against the PNA".

2. The PCT would grant an application if, judged against the PNA, it would secure improvements in, or improved access to pharmaceutical services, taking into account factors such as:

- the level of access
- choice and diversity of providers and services
- innovation in service delivery
- services available to meet specific local needs.

It is not clear whether an applicant would have to succeed at both stages, or at either.

Frankly, it would be much more straightforward if the DH simply proposed to retain the necessary or expedient test and either in the regulations or in guidance provide a list of factors, including any PNA, to be taken into consideration.

Problems, not answers

The DH's proposals regarding PNAs will create problems, not answers, to the flaws it perceives in the current system. Even if PCTs identify with great precision the pharmaceutical needs in every housing estate and every corner of their areas, and then express these needs clearly on paper, there are a number of difficulties if the new control of entry test is rigidly tied to PNAs:

- PNAs are only a snapshot of the position at the time they are written. How often will they be republished?
- What if a need arises – or disappears – subsequently?
- If PCTs are complacent about the existing level of services, their PNAs will discourage new applications. Conversely, proactive PCTs will identify needs and encourage applications.
- What if a PCT fails to identify a need that an applicant believes exists?
- What if a PCT identifies a need that existing pharmacies believe is already adequately met?

There is a danger that instead of being used as a tool for assessing needs, PNAs will replace the necessary or expedient test and become controversial.

Consideration of applications

The consultation paper suggests that in moving to a new system, PCTs will have to demonstrate that they have considered new applications:

- objectively against their PNAs
- fairly and without bias
- transparently and giving reasons.

All of this should be obvious. Indeed, PCTs have been legally required to give reasons for decisions since control of entry was introduced 21 years ago. Many still ignore their obligations. Is there any cause for confidence that this will change?

100-hour pharmacies

Since 2005, the 100-hour exemption has been used to secure contracts where the necessary or expedient test could not be satisfied, rather than where there is a need for extended hours of service.

The DH cannot do anything about existing 100-hour pharmacies, but is looking at alternative exemptions in future. One possibility would be to allow new 100-hour pharmacies only where there was no other pharmacy within a mile and to require those pharmacies to provide specific services, particularly at times when other pharmacies are closed.

Whatever next?

The consultation period will end on November 20. If the DH genuinely believes control of entry is needed, at least until something better replaces it and so that pharmacy owners have the confidence to invest in services, then it must be careful not to throw the baby out with the bathwater.

Despite what the DH seems to believe, PNAs are not objective; it would be better to incorporate into the existing control of entry test a requirement to have regard to any PNA. PNAs should be used to help assess the level of adequacy of services, not as a substitute for control of entry.

David Reissner is head of health law at Charles Russell LLP.
david.reissner@charlesrussell.co.uk

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Programme

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10am **Introduction and overview of the pharmacy landscape**
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- Why you need to adapt your business
- Q&A on the Government's blueprint for pharmacy

11am **Group exercise**
- Review your business objectives and identify ideas for development
- What makes your business succeed?
- What is getting in the way of it being even more successful?
- What ideas do you want to implement?

12pm **Your business**
- How to analyse your business
- How to define a direction and implement it
- Identifying what makes your business unique
- Identifying what opportunities you can exploit
- Understand competitive advantage

1pm **Lunch**

2pm **Business models**
- What different business models are there?
- Which business model is right for you?
- Key features of different models
- Pros and cons for each
- Your current business model
- Future proofing your business model

3.30pm **Change management**
- Learn how to put this learning into practice
- Tools to help you deliver change in your business
- Recognising where to focus to make the change happen
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4.30pm **Questions and summary**
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Carry on at the chemists

Prone to blushing? Then steer clear of community pharmacies. One is more likely to feel that uncomfortable reddening of the cheeks and a desire to be swallowed up by the earth in a community pharmacy than any other public place.

This holds true for both customers and staff, and it's certainly not because we're a sensitive bunch in my neck of the woods. This is a pharmacy where patients will shout across to the dispensary about their nobby stiles, their ineffective colostomy deodoriser and their ripped condoms.

I'm often the one left with egg on his face, usually as I overlook the obvious while operating with too much speed and inadequate haste. The back of prescriptions hold almost as many pitfalls as the front for me. From asking overweight women about their maternity exemption to careworn people in their 40s whether they are drawing their pension, this is a minefield.

But the information on the front of the prescription is more often where I put my foot in it. In my usual whirlwind of activity I once tried to ensure that HRT patches were the correct prescription for a 19-year-old patient. As the middle-aged man in the shop went redder and redder I guessed it was the correct prescription and realised I didn't need to pursue this line of enquiry.

Unable to extricate myself from the conversation at this point, however, the poor man was obliged to reveal that the script was for his transexual son/daughter. Anything goes when naming children these days, but if only I'd noticed that this patient had both a male and female name I might have spared some blushes.

I've delivered prescriptions to houses in mourning because the patient died the previous day (or even longer ago). I once told a patient I needed to investigate a drug interaction with their Viagra, only to be told they'd (obviously!) never been prescribed the impotence drug. And EHC consultations often lead into uncharted territory.

"So why exactly do you think you need to take emergency contraception?"

"Well, the chocolate sauce didn't agree with the condom. It was very messy."

Right, say no more. Please. It's often the details that take a clinical consultation into the realms of poor taste. It's the unnecessary description of the structure of haemorrhoids or the gratuitous display of a personal rash in the middle of the shop that shake my clinical persona.

I really don't need to see a sample of your phlegm – just tell me roughly what colour it is. And bringing a sample of your child's head lice to me in an inadequately sealed plastic bag simply spreads the things around. Faecal samples are for doctors only.

But work would be really dull if I didn't deal with people and I wouldn't miss it for anything.

Are you managing?

It is only once a year that I get the chance for a good public rant. When I was a member of Council I did this every month but now the PSNI AGM, a meeting with an average attendance of 20 or, put another way, about 1 per cent of pharmacists eligible to attend, is my only platform.

I fully understand the low attendance as most of us have much more important things to do: watch Coronation Street, de-wax our ears or remove that troublesome fluff that has collected in our umbilici since the last AGM. Yet, being commensurate naval gazers it's a surprise that this latter task is not effected more frequently than annually.

With few seats filled in the University Street hall, I find little difficulty getting time in the proceedings to make my rants. I'll not bore you with my complete list, only mention one issue that has been exercising me for some time.

Our students and young pharmacists are not being supported properly with the development of their business skills. Some of the multiple pharmacy groups do provide excellent business skills training, but only a few get access. Queen's Univesity Belfast, in common with all UK schools of pharmacy, has been told by the Pharmaceutical Societies not to include business skills training in the curriculum. In addition, PSNI dropped the pre-registration business management course that it had provided for many years.

When I raised this issue at the 2007 AGM, I received a written reply that said not a lot, but suggested the course was not fit for purpose. That may be so, but if the course was rubbish, dropping it does not seem to be the answer.

Newly registered pharmacists lacking business skills are a danger to the public and to the businesses in which they work. I have no empirical evidence of this but the Statutory Committee dealing with recent cases have found that each involved some element of management incompetence rather than professional incompetence.

It's telling when the Statutory Committee chairman asks about a pharmacy's standard operating procedures and is not told that the pharmacy failed to operate the procedures or failed to write them, but is told the pharmacist before him doesn't know what a standard operating system is.

There is a certain arrogance among pharmacists that makes us feel that since we are intelligent people, we must therefore be excellent managers. I've not made myself popular challenging the state of pharmacists' management skills over the years, yet I will continue to do so as I fear the problem is endemic and extends beyond the pharmacist manager in his or her pharmacy to our representatives on pharmacy bodies and on negotiating committees.

Just because your job title says you're a manager doesn't mean you are good at management and just because you're a member of a negotiating team doesn't mean you know much about negotiation.

We need to stop navel gazing and get our management skills into our CPD.

Terry Maguire is a community pharmacist in Northern Ireland

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C+D Clinical

Seasonal affective disorder (SAD)

How to distinguish depressive symptoms from normal winter blues, and what should you recommend?

Key points

- The exact cause of seasonal affective disorder is unclear, but varying factors may make some people more susceptible to lack of light.
- Light boxes are the most common treatment, either 30 minutes a day at 10,000 lux or two hours at 2,500 lux.
- Antidepressants may be considered if light therapy fails or if the symptoms suggest major depressive disorder.

Reflect

- Who is most likely to suffer from SAD? How can lifestyle changes help?
- What is light therapy and how does it work?

Plan

This article describes SAD and its symptoms and diagnosis. It explains the different treatment options available and suggests how pharmacists can help and advise patients.

CPD This article can help in the following CPD competencies: **G1a, G1d, G1q, C1f**. See http://tinyurl.com/68ox7b

Emma Wilkinson

We have all felt depressed at some point in our lives, following the death of a loved one or through periods of stress at work, but imagine if that feeling came on once a year, regular as clockwork.

In the UK, one in 50 people suffers from seasonal affective disorder (SAD) – a type of depression associated with a lack of exposure to light during the winter months. In fact, one in eight of us have mild symptoms of the condition in the gloomy winter period.[1]

This is not a new phenomenon. A link between mood and the season was first noted hundreds of years ago but it did not become a formal diagnosis until the 1980s.

As you might expect, the further you live from the equator – with more pronounced seasons – the more likely you are to suffer from the symptoms of SAD. The condition is extremely rare in people living within 30 degrees of the equator, where daylight hours are constant and the light is bright.[2]

Women are about twice as likely as men to suffer from SAD and it tends to present between the ages of 20 to 30 years, although the condition has also been reported in children.

Having a family member who is affected can also increase your risk of developing it – with around one in seven first-degree relatives of people with SAD also suffering from the disorder.[3]

Studies have shown that different countries have different rates of SAD even if their sunlight exposure is comparable, suggesting genetics predispose some

Spending time outside, especially at times of the year when natural light levels are low, can help lift mood

populations to the condition.

For those affected, the symptoms start between September and November and continue to March or April when the symptoms disappear as the days lengthen.

Causes

Although there are several theories why SAD occurs, the exact cause is not clear and it is likely to be a variety of interacting factors that make some people more sensitive to lack of light during winter.

The possible underlying mechanisms are all associated with the hypothalamus – an area of the brain associated with mood, appetite and sleep.[4] Disruption to production of the hormone melatonin is one possible explanation. Under normal circumstances, melatonin is regulated by light-stimulated nerve signals, so when it is dark the pineal gland produces melatonin, which makes us sleep. Production stops when it is light, allowing us to wake up.

Serotonin has also been shown to be lacking in people with SAD. And the body clock, or circadian rhythms, which are controlled by the hypothalamus, may also slow down in people with the condition.[5]

Symptoms

It is common for people to feel 'down in the dumps' during the winter but with SAD the symptoms are much more severe and can have a big impact on the sufferer's quality of life.

Generally the symptoms are much like those associated with classic depression (with a couple of exceptions) and several are usually present at once.

Sleep can be affected in a variety of ways but unlike general depression, where insomnia is common, oversleeping is a key feature of SAD. Sufferers may feel lethargic, lacking in energy and constantly tired.

Appetite is commonly affected, but instead of the weight loss, which generally accompanies depression, overeating is a more typical symptom of SAD, with sufferers craving stodgy carbohydrates.[2]

Affected individuals may experience a low mood for most of the day along with loss of libido, poor motivation, guilt feelings, worthlessness, tearfulness and irritability.

Poor concentration can make it hard to do simple tasks or to get through the day at work. SAD can also make people agitated and restless.

Some sufferers report physical symptoms, such as headache, palpitations and general aches and pains.

Most people with SAD report signs of a weakened immune system while they have the condition and are more prone to infections such as winter colds.[2]

As with any clinical depression, it is not like the mood changes we all experience on a day-to-day basis, but a more permanent shift in mood that occurs for at least two weeks.[3] In milder cases – also known as sub-syndromal SAD – the tiredness, lethargy and eating problems are there but depression and anxiety either do not occur or are mild.[2]

Symptoms of SAD

- sleep problems, particularly oversleeping
- lethargy and tiredness
- increased appetite
- mood swings
- poor concentration and motivation
- loss of libido
- tearfulness and irritability
- feelings of guilt and worthlessness
- headaches and general aches and pains

Light box therapy

- not available on NHS
- devices start from under £100
- 2,500 to 10,000 lux needed for between 30 minutes and a couple of hours a day
- some sufferers report benefits within days
- side effects include headache, irritability and fatigue

Diagnosis

The UK charity and support organisation SADA (Seasonal Affective Disorder Association) recommends a diagnosis is made after three or more consecutive winters of symptoms.[2] But in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), a diagnosis is recommended on the basis of depression cycles on a regular basis during autumn and winter with full remission of symptoms in spring and summer.[1] Ultimately, seasonal symptoms must be present for more than at least two years running.

It may be helpful for anyone believing they suffer from SAD or reporting any of the symptoms listed above to keep a "symptom diary" to pick up patterns in their moods and behaviour.

To help with diagnosis, a GP may use SAD questionnaires, designed to pick up the more atypical depression symptoms associated with the condition.[6]

One distinguishing feature is that SAD sufferers can experience a period of elation or hypomania in the spring as the symptoms disappear.[2] Unfortunately, although SAD is one of the most common forms of depression, a diagnosis may not be made for years as recurrent depression is also quite common and people may be treated for that for some time before SAD is identified.

Treatment

Lifestyle

There are several things a person with SAD can do to try to alleviate their symptoms before embarking on treatment.

Patients and their families first need to understand what they are dealing with, and support is available through organisations such as SADA and Mind. Basic first steps are to spend as much time outside as possible, including taking outdoor exercise – perhaps a walk at lunchtime.

It's important to eat a healthy diet, with plenty of fresh fruit and vegetables, to balance the likely increased carbohydrate intake. If possible, work in bright conditions – not in a windowless office.

Try to avoid unnecessary stress and consider leaving major upheavals, such as a new job or house move, until summer.

Consider a holiday in a sunnier climate.[5] A ski-ing holiday may be a good option with all that bright light reflected off the snow. But it's important to bear in mind that the symptoms may come back with a vengeance on return to the UK.

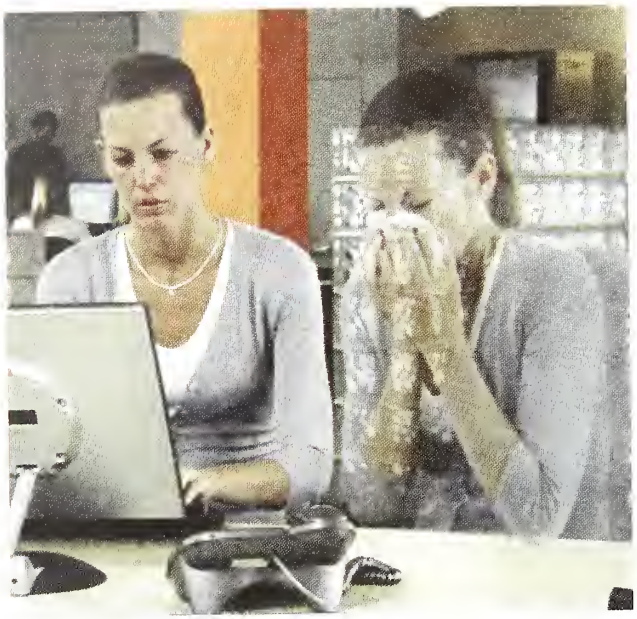
Light therapy

The most common first-line treatment for SAD is light or phototherapy. This involves sitting in an area with bright light and

Understanding the Power to get you through.

Pharmacy Guide

WIN *a coffee machine and accessories*



Millions of customers come to pharmacies looking for powerful effective relief from colds and flu. For these customers, there is Olbas Powerflu.

Olbas Powerflu is a two tablet cold and flu treatment combining a powerful multi-symptom relief tablet and a high dose Vitamin C Tablet to help speed recovery. It is the first Pharmacy only product from the makers of Olbas Oil and is made to the same high standards as other Olbas products. Olbas Powerflu does not contain Olbas Oil and is not a natural remedy.

This guide will help you to present the advantages of Olbas Powerflu to your customers.

*Why consumers try to keep going through colds and flu**

79% of consumers fear the consequences of calling in sick

45% are afraid of what their boss will think

29% worry that their loyalty and commitment to their job will be questioned

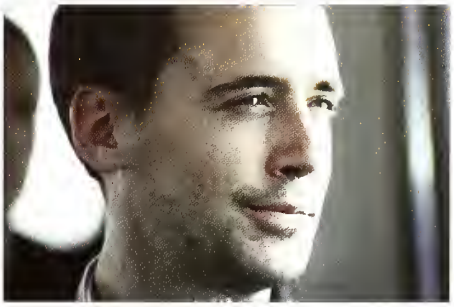
5% fear that another colleague will step in to cover their work and do the job better than them

Powerflu fact: **Staff sickness cost the economy £13.2bn in 2007**

CBI/AXA Absence Survey May 2008

*Survey commissioned by GP Lane Health Products Ltd, Winter 2007

Why recommend Olbas Powerflu®?



"

'As a postman, I need to work come rain or shine. I can't be ill.

I hate to let people down. If I was seriously ill I would take a month off, but there is no way a cold is going to stop me lining the streets and delivering letters.

'Olbas Powerflu helps me achieve and permit. It's blocked nose, the coughs and sneezes – Powerflu gives me relief from them all.

With the help of Olbas Powerflu, I feel well enough to carry on.

"

Kevin Gwyn, 52, a Southampton Postman

Powerflu fact: Nothing your customers can buy treats more cold and flu symptoms than Olbas Powerflu

Powerflu relief Multi-symptom relief tablet

The Olbas Powerflu multi-symptom relief tablet is one of the most complete treatments you can buy for colds and flu.

Olbas Powerflu contains 5 active ingredients which treat the symptoms of cold and flu.

Cold & Flu Symptoms	Each Olbas Powerflu white multi-symptom relief tablet contains these active ingredients				
	Paracetamol - 500mg	Codeine Phosphate[1] - 10mg	Diphenhydramine Hydrochloride[1] - 15mg	Phenylephrine Hydrochloride - 10mg	Caffiene - 30mg
Headache & Aching limbs	●	●			
Coughing		●			
Sneezing & Runny nose			●		
Nasal & Sinus congestion				●	
Tiredness					●
Fever	●				

Taking codeine regularly for a long time can lead to addiction, possibly causing restlessness and irritability when you stop the tablets
May cause drowsiness

Powerflu fact: **Olbas Powerflu also delivers effective congestion relief during the hayfever season**

Powerflu recovery

High dose chewable Vitamin C Tablet

Do not recommend Olbas Powerflu to customers if they:

- are taking other cold, flu, decongestant or paracetamol-containing products
- are allergic to any ingredient
- have an overactive thyroid, high blood pressure or heart disease
- are taking antidepressants or MAOIs
- are pregnant or breast-feeding
- suffer from hypertension, have heart, liver, kidney, thyroid or prostate problems or asthma

Advise customers to consult a doctor before taking this medicine if they are taking any other regular medical treatment or if they have:

- liver or kidney problems • enlarged prostate gland • suffered from epilepsy • glaucoma

How does the Vitamin C Tablet work?

The chewable Vitamin C Tablet is a pleasant tasting way to get a high dose of vitamin C when you're suffering with a cold or flu. Vitamin C is widely regarded as having a beneficial effect in helping support the body's infection-fighting system and can help to play a role in promoting recovery from colds and flu. Vitamin C is not stored in the body naturally, so if your body needs a boost you can take the high dose Vitamin C Tablet to help get you through.

Each yellow, lemon flavoured, chewable Vitamin C recovery tablet contains: Sodium ascorbate & Ascorbic acid equivalent to 300mg of vitamin C. Also contains lactose and sucrose.

Olbas Powerful two tablet treatment is the one to recommend for every customer who doesn't want their cold or flu to stop them.

Olbas Powerflu. The power to get you through

Powerflu fact:

The Vitamin C Tablet is chewable which means there is no need to swallow two tablets with Olbas Powerflu

Dosage:

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What is the active ingredient in Olbas Powerflu that eases nasal congestion?

Ephedrine ☐ Pseudoephedrine ☐ Paracetamol ☐

Tick which of these cold and flu symptoms the Olbas Powerflu multi-relief tablet treats

Blocked nose/congestion ☐ Headache/Aching limbs ☐ Fever ☐ Sore throat ☐ Sneezing ☐ All of these ☐

What is the role of the high dose Vitamin C Tablet?

Promotes blood circulation ☐ Relief from fatigue ☐ Helps to boost immunity ☐

Olbas Powerflu. The Power to get you through.

Your Name _____ Telephone No. _____

Pharmacy Name _____

Pharmacy Address _____

Postcode _____

Your Personal Data

By completing this entry form you consent to the information you have given being held by Olbas Pharmaceuticals Ltd and used for the purpose of this competition only. We may contact you by post, telephone or email with information about our products and services. Please tick if you do not wish to be contacted in this way ☐

Please tick if you would like to receive a free sample of Olbas Powerflu ☐

Please tick if you would like to receive a free sample of Olbas Lozenges ☐

Please tick if you would like to receive a free sample of Olbas Oil ☐

Please tick if you would like to receive a free sample of Olbas Inhaler ☐

Please tick if you would like to receive a free sample of Olbas Pastilles ☐

Please tick if you would like to receive a free sample of Olbas Cough Syrup ☐

Please tick if you would like to receive a free sample of Olbas Bath Oil ☐

Please tick if you would like to receive a free sample of Olbas Soothing Rub ☐

Please tick if you would like to receive a free sample of Olbas Cough Relief

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tricking the body into behaving as it does in the lighter spring and summer months.

Ordinary light bulbs are not strong enough, emitting only 200 to 500 lux compared with the 100,000 lux of a bright summer day, so specially designed light boxes are required.[2]

These light boxes are not available on the NHS and prices start at under £100. There is a range of devices, including bedside lamps that simulate sunrise. The most effective treatment is either 2,500 lux intensity for two hours or 10,000 lux for 30 minutes.[6]

Patients sit in front of a light box but do not have to look directly at it. It means users can continue with normal life at the same time, eg eating or reading. Some people even put a box on their desk at work to enable them to hold down a job.

The time of day may have an impact on the benefit obtained. Some people find the morning works best, but this may not be the most convenient time, while some find using the light box in the evening may prevent them getting to sleep easily.[3]

Results can be noted within three to four days of starting light therapy, but it can take up to four to six weeks. However, some people find they get headaches and suffer irritability and fatigue.[1]

Talking therapies

Cognitive behavioural therapy (CBT) is one suggested treatment, although there is a lack of evidence of its effectiveness specifically in SAD.

However, CBT or other forms of talking therapy may help sufferers cope with symptoms and identify triggers or underlying factors contributing to the condition.

Technically these therapies are available on the NHS, but there is a lack of access and it may depend on whether the GP has a therapist attached to the practice.[5]

Antidepressants

Antidepressants, such as fluoxetine, have been shown to be effective in the treatment of SAD when compared with placebo but what is less clear is whether they are better or worse than light therapy, or if there is any benefit from a combination of both.[6]

The SSRI class of antidepressants works by increasing the activity of serotonin, which has been shown to be deficient in SAD. Other, older antidepressants, such as tricyclics are not advised because they are likely to cause even more sleepiness and lethargy.[2]

GPs are recommended to consider treatment with antidepressants if patients have symptoms of major depressive disorder or if light therapy has failed to provide any benefit. The drugs have been reported to relieve symptoms in about seven in 10 patients.[1] However, the risks of side effects need to be balanced against the individual's circumstances in discussion with a doctor.[1]

Complementary therapies

Some sufferers find relaxation and massage help them cope with their symptoms and, although not proven therapies, there is nothing wrong with giving them a try.

St John's wort has been shown to have benefits in the treatment of mild to moderate depression. However, it can interact with several other medicines[5], such as oral contraceptives and antidepressants, so its use should always be based on the advice of a GP or pharmacist. It increases skin sensitivity to light so should not be used in conjunction with light therapy.

There may also be benefits from taking vitamin B_{12}, so pharmacists could suggest an all-round vitamin/mineral supplement providing the recommended daily amount of 1mcg B_{12}.

Emma Wilkinson is a freelance journalist based in Sheffield.

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5. Mind. Seasonal Affective Disorder information leaflet. www.mind.org.uk/Information/Booklets/Understanding/Understanding+seasonal+affective+disorder.htm
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Your Continuing Professional Development

CPD

Act

- For more details on seasonal affective disorder read the information booklet on the MIND (National Association of Mental Health) website http://tinyurl.com/ydk99k. Think about the advice you could give to a patient or carer asking about this condition.
- The effects of light therapy on seasonal depression are discussed in an essay on the National Institute for Medical Research website http://tinyurl.com/4g9lcj. You may also wish to familiarise yourself with the different types of light boxes and lamps available for treatment of SAD.
- Find out more about cognitive behavioural therapy from the Royal College of Psychiatrists website http://tinyurl.com/6h6juo
- Revise your knowledge of St John's wort, its uses and cautions at the Netdoctor website http://tinyurl.com/7pnm4

Evaluate

- Can you recognise the symptoms of SAD? Are you familiar with its treatments and able to give advice on them? Could you confidently advise a patient about CBT, light therapy and St John's wort?

Next week's Update will cover the ailments women commonly suffer in pregnancy and how community pharmacists might help.

Want to learn more about a particular clinical topic? Find relevant Update articles by going to: www.chemistanddruggist.co.uk/update

CPD Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 29 issue, which will cover this month's three CPP-accredited modules. A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on **01732 377269**.

Chemist+Druggist in association with Genus Pharmaceuticals

C+D GENUS PHARMACEUTICALS

For more real-life scenarios see:
www.chemistanddruggist.co.uk/practicalapproach

A Practical Approach

David Spencer, pharmacist at the Update Pharmacy, enters his consultation area to talk to a female customer who has asked to see him.

Finding her sitting in her bare feet, he does his best to look unfazed and asks how he can help.

"Well, I think you can see it's my toes," replies the woman, stretching out her feet. "Can you recommend anything for them?"

David can see they all have a purplish discoloration, surrounded by an area of inflammation.

"Are they painful?" asks David. "And can you tell me how long they have been like this?"

"Well, the tips of my toes started to get red and itchy about two months ago. Then they became tender, and then I started to get sores on a couple of them. I've noticed that my feet have been getting very cold this winter, especially when I go out."

In response to further questions, the woman says she is 43 years old, in otherwise perfect health and does not have any other symptoms. She has not injured her feet in any way, is a non-smoker and drinks only moderately. Her only medications are OTC fish oil capsules and multivitamins.

Questions

1. What are the two most likely diagnoses for the woman's condition and what are their causes?
2. How can the conditions be treated?
3. Can any OTC preparations be recommended?

This article can help in the following CPD competencies: **G1a, G1c, G1d, G2o, C1a, C1f.** See http://tinyurl.com/68ox7b

Answers

1a) Chilblains. The aetiology is unclear but it is an abnormal reaction, usually in fingers and toes, to cold and damp weather and is often described as being due to 'poor circulation'. The superficial blood vessels in the skin constrict when the skin becomes cold; as the skin rewarms there is some leakage of fluid from the capillaries into the tissues, causing inflammation and swelling. The rate of temperature change may play a part, and chilblains may occur if the tissues are rewarmed too quickly after becoming cold eg with a hot water bottle or by sitting close to a heater.

b) Primary Raynaud's syndrome. Vasospasm of arterioles and arteries in the limb extremities, often triggered by cold or emotional disturbances but with no underlying pathological cause. Up to 90 per cent of incidence is in young women. Clinical features may be confused with chilblains.

2. In both cases, treatment is mainly conservative measures, including avoiding cold temperatures, wearing warm clothing and avoiding vasoconstrictive agents, including nicotine, caffeine and sympathomimetic amines (eg decongestants). Attacks usually resolve spontaneously and often do not recur. For persistent or chronic cases, nifedipine is usually effective at a dose of 30mg daily.

3. Calamine lotion and crotamiton cream or lotion may be helpful as antipruritics. Ginkgo biloba is traditionally used in the treatment of circulatory disorders and is sometimes recommended for treatment of chilblains and primary Raynaud's phenomenon. There is limited evidence of efficacy of the herb in the latter, but there appears to be none in relation to chilblains.

C+D's A Practical Approach is supported by APOTEX UK LTD

SUPPORTED BY AN ONLINE MARKETING CAMPAIGN

An essential recommendation for Bonfire Night

As people across the nation begin to light up bonfires, sparklers and fireworks to celebrate Bonfire Night on November 5th, Acriflex Cooling Burns Gel should be part of every customers' first aid kit.

It's no surprise that one of the most common injuries around this time of year is accidental burns. As part of National Burns Week, Acriflex Cooling Burns Gel is advising your customers to be prepared with a Bonfire Safety Factsheet, available free to download at www.acriflex.co.uk, where visitors can also find lots of other useful information about treating minor burns.

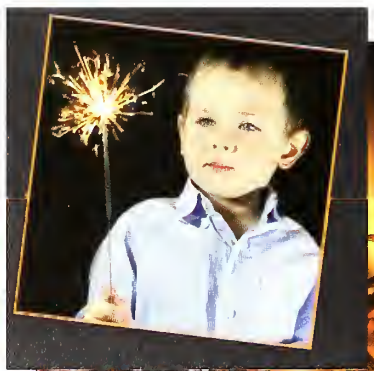
Acriflex Cooling Burns Gel sponsors National Burns Week

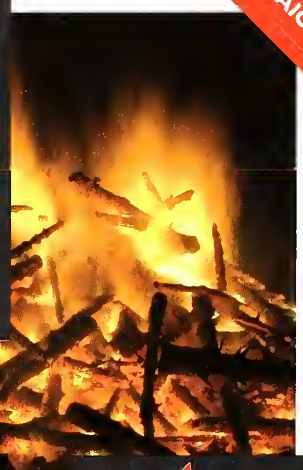
Using innovative OSMO4 technology, Acriflex Cooling Burns Gel is an essential addition to every customers' first aid kit, and will quickly ease inflammation, protect against infection and support the skin's healing process.

Recommend it today!

- cools
- hydrates
- promotes repair

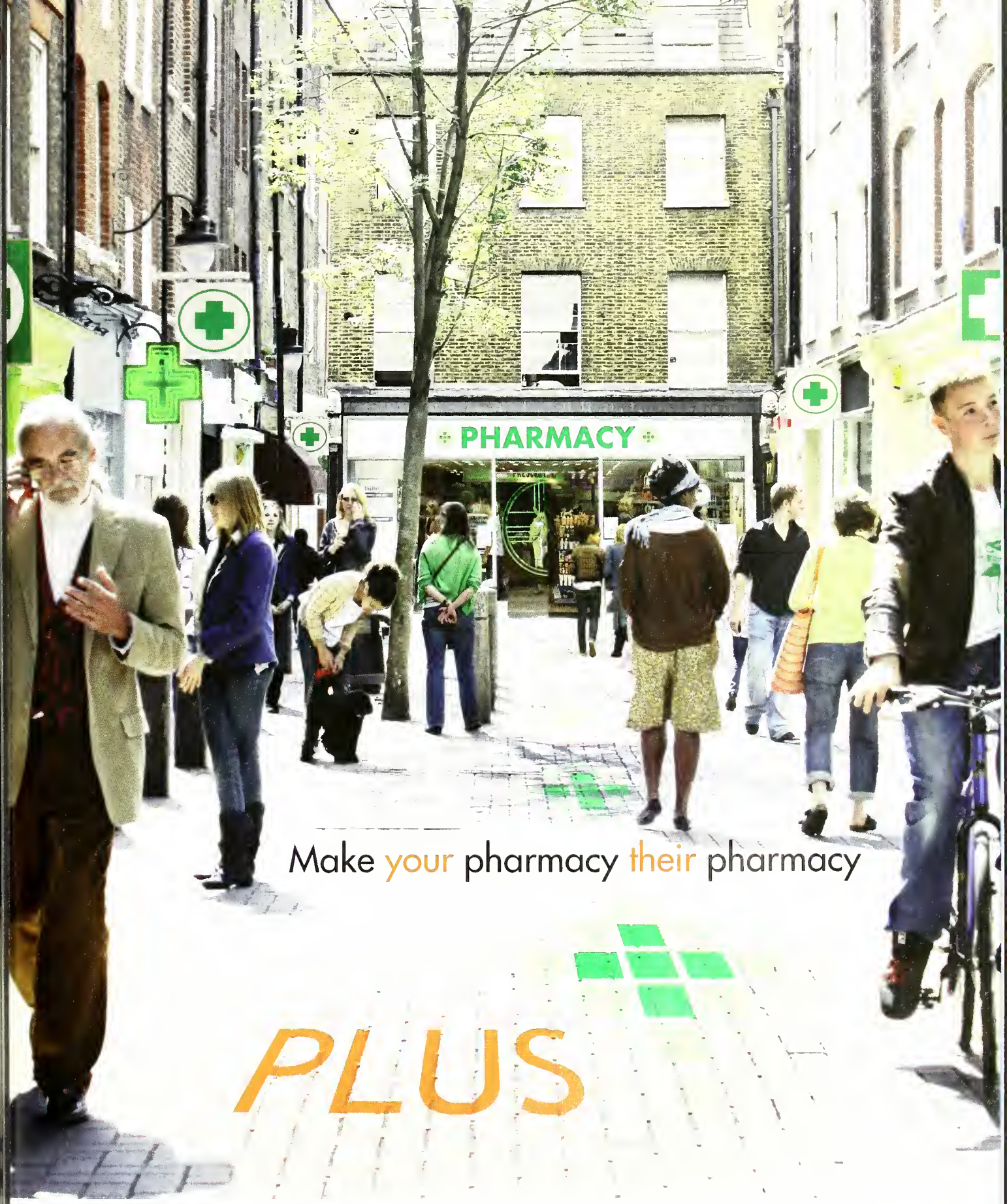
Find out more from your T&R representative, or call 01484 842217.





National Burns Week 3rd - 10th Nov

Presentation: Aqueous gel containing polyvinyl alcohol, sodium polyacrylate, carbomer, titanium dioxide and purified water. Indications: for application to superficial burns such as may occur in the home, sun-burn and minor skin irritations. Dosage and Administration: For adults and children over 2 years of age. Apply to affected skin and massage gently. Leave for a few minutes to penetrate. Repeat 2 – 3 times daily. Contradictions: Sensitivity to the product or any of its ingredients. Warnings: Avoid contact with the eyes. Do not use after the expiry date. Store at room temperature. Keep away from sources of heat. Keep out of the reach of children. Legal Status: Class IIA medical device. Pack Size: 30g RSP excl VAT: £3.29. Date of preparation: September 2008. Further information is available from Thornton & Ross Ltd, Linthwaite, Huddersfield HD7 5QH.



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PET/EPA/08/37850/1A October 2008

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Clinical Alerts

MHRA and NHS Alerts

Acomplia (rimonabant) Marketing authorisation across the EU has been suspended following a review of benefits and risk of psychiatric reactions. Patients taking rimonabant have been told to consult their doctor or pharmacist at a convenient time, and told that it is safe to stop their treatment at any time. Prescribers should not issue prescriptions for rimonabant and should review treatment of those taking the medicine.
http://tinyurl.com/5onvus

SPC Changes

Arcoxia 30mg, 60mg, 90mg and 120mg film-coated tablets (etoricoxib) Updated safety advice for patients with hypertension, and a new indication for ankylosing spondylitis. Merck Sharp & Dohme, 01992 467272.

Durogesic DTrans (fentanyl) New information on clipping, not shaving, hair prior to application. Janssen-Cilag, 0800 731 8450, medinfo@janssen-cilag.co.uk

Daktarin oral gel (miconazole) Shelf life reduced from 60 months to 36 months. Janssen-Cilag, 0800 731 8450, medinfo@janssen-cilag.co.uk

http://emc.medicines.org.uk

New Products

Pulmicort 100 micrograms, 200 micrograms, CFC-free inhalers (budesonide) Indicated for asthma. AstraZeneca UK 01582 836 836, medical.informationuk@astrazeneca.com

Supply Issues

Burinex A tablets (bumetanide, amiloride) Product discontinued. Leo Pharma, 01844 347333, medical-info.uk@leo-pharma.com

Change of contact details

Meda Pharmaceuticals, 01748 828810, meda@professionalinformation.co.uk

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European regulator calls a halt to rimonabant treatment

Prescribers have been told not to issue any further prescriptions for rimonabant after an EMEA review of new evidence found that the weight-loss treatment's side effects outweighed its benefits.

Warnings on the issue have been issued by both the MHRA and the NHS Central Alerting System.

Patients taking the drug have been instructed to consult healthcare professionals to discuss their treatment, and advised that if they wish to stop taking it they can do so safely at any time. Patients taking part in trials have been told they may contact the investigators.

The EMEA's Committee for Medicinal Products for Human Use recommended the drug's marketing authorisation should be suspended after evidence emerged showing a doubling in psychiatric side effects compared with placebo.

Rimonabant side effects including depression have been recognised for some time and in the past both the MHRA and EMEA have warned the treatment should not be used by patients suffering from depression.

However, new evidence from ongoing trials and spontaneous reports suggested that serious psychiatric disorders might be more common in clinical use than in the trials used in the initial assessment of the medicine.

The EMEA committee also found evidence of benefit was limited because patients tended to take the treatment for relatively short periods compared with the trials, and because patients may not maintain their weight loss after stopping treatment.

Although the treatment has been approved in Europe and even recommended by Nice, the FDA has not authorised it for the US.

A company spokesman confirmed the product had been temporarily suspended and that the company was committed to providing additional evidence for the re-evaluation of the benefit/risk profile of the drug.

Committee backs POM to P orlistat switch

A proposed POM to P switch for GSK weight loss treatment orlistat 60mg has been given the green light by the EMEA's advisory body, the Committee for Medicinal Products for Human Use.

Final approval and marketing authorisation is likely to come within a few months.

The product will be marketed under the brand name 'alli', and will be indicated for adults with a BMI of 28 or over.

The product was introduced in the US in June last year, and the company reports that by October around 2,000,000 starter kits had been sold by US pharmacies.

It seems likely to be almost as popular in the UK, which has five million individuals registered as obese. Moreover, the UK is said to be the fattest nation in Europe and third fattest nation in the world, after Mexico and the USA.

Orlistat 60mg has been shown in trials to help people lose 50 per cent more weight than they are able to lose by dieting alone.

The treatment is the first candidate non-prescription treatment to be be centrally reviewed and given a positive CHMP opinion.
http://tinyurl.com/5cfz5m
www.gsk.com

MS drug shows promise – and problems

Study results from 334 subjects have shown that treatment with the humanised monoclonal antibody alemtuzumab is more effective than interferon beta-1a in early relapsing-remitting multiple sclerosis.

However the phase 2 results, published in the New England Journal of Medicine, also reveal possible problems with autoimmunity causing immune thrombocytopenic purpura and thyroid disease.

The study showed increased brain volume in the alemtuzumab-treated arm and reduced disability.

The drug was previously known as Campath-1H.

MS Society head of research Lee Dunster said his organisation was delighted with the trial's positive results. "This is the first drug that has shown the potential to halt and even reverse the debilitating effects of MS," he said.
http://tinyurl.com/6949xh

Clinical Briefs –Sign up for C+D's free newsletter at www.chemistanddruggist.co.uk/register

Drug doubles weight loss?

Phase 2 trial results published by The Lancet suggest experimental drug tensofensine has the potential to produce twice the weight loss seen in currently approved drugs.
http://tinyurl.com/59houo

AD symptoms delayed

High levels of education and a demanding job may equip individuals with a reserve of brain function that both delays and reduces the severity of Alzheimer's disease. The suggestion comes from a study of brain glucose metabolism.
http://tinyurl.com/695nyy

C diff infections fall

Last quarter Clostridium difficile infection figures have fallen 18 per cent in the past six months – and are 38 per cent down from the January to March quarter of 2007, according to the HPA.
http://tinyurl.com/5jozdu

Gene determines benefit

A genetic study has revealed that colorectal cancer patients whose tumours had the non-mutated version of the K-ras gene showed benefit from treatment with cetuximab. However, those with mutated K-ras showed no improvement in survival.
http://tinyurl.com/6osdzk

Paracetamol has been Reinvented

Panadol is the original paracetamol brand, established in the 1950s. Collaboration with experts in the field has now led to a revolutionary new development.

Introducing New Panadol Advance 500mg tablets, specially formulated with Optizorb™ to **disperse in the stomach up to 5 times faster** than standard paracetamol.[1]

Standard Paracetamol

Panadol Advance®

Tablets disintegrating and leaving the stomach after 5 minutes.
Images are representations of scintigraphic images taken during the clinical trial.[1]

Our new Optizorb™ disintegration system means that Panadol Advance spends less time in the stomach and gets to where it's needed fast.

Recommend it to your customers so they can begin their countdown to effective pain relief.

For more information please see MyPharmAssist.co.uk or a GSK representative.

paracetamol

Product Information. Panadol Advance 500 mg Tablets. Contains disintegrant system to accelerate dissolution. **Uses:** Mild analgesic and antipyretic. **Dosage and administration:** Adults and children, 12 years and over: Two tablets at ≥ 4 hour intervals. Max. 8 tablets in 24 hours. Children 6-12 years: Half to one tablet at ≥ 4 hour intervals. Max. 4 tablets in 24 hours. Do not use for >3 days without doctors advice. Children under 6 years: Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Severe renal/hepatic impairment, non-cirrhotic alcoholic liver disease. Concomitant use of warfarin/other coumarin anticoagulants, domperidone, metoclopramide, colestyramine. Refer to doctor if persistent headache or non-serious arthritis requiring daily analgesia. **Pregnancy/breastfeeding:** Pregnancy: Refer to doctor. Breastfeeding. Not contraindicated. **Side effects:** Hypersensitivity including skin rash, blood dyscrasias. **Overdosage:** Immediate medical advice due to risk of delayed, serious liver damage. Legal category: 16's GSL, 32's P. **Product licence number:** PL 00071/0441. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Compack 16's £1.45, 32's £2.79. **Date of last revision:** September 2008.
Panadol is a trade mark of the GlaxoSmithKline group of companies.
Reference:
1. Wilson C et al. Abstract PH 217, International Association for the study of Pain 12th World Congress on Pain, Aug 2008.

MyPharmAssist.co.uk
The Online Pharmacy Community

gsk GlaxoSmithKline
Consumer Healthcare

The C+D Guide to OTC Medicines now online:
www.chemistanddruggist.co.uk/otcguide

Products in brief

H&S to hair's rescue

Head & Shoulders has launched a Damage Rescue variant. Available in shampoo and conditioner formats, Damage Rescue is said to help guard against damage caused by, for example, straightening or colouring, and give highly effective dandruff protection from the first wash.
Price: £1.89/200ml
Pip codes: shampoo 339-1943; conditioner 339-1950
Procter & Gamble
Tel: 0800 5974040
www.headandshoulders.co.uk

Power to the pores

Neutrogena is hoping to make a splash in the skincare market with its latest launch, the Wave Power Cleanser.

The hand-held, battery-powered device uses disposable pads activated by water and is said to provide deep cleansing and leave the skin softer than conventional techniques.

Tingly foam penetrates deep into pores while the gentle vibrating motion massages the skin.

The Wave Power Cleanser is waterproof and takes less than a minute to use, says Neutrogena. It is expected to appeal to the 'iPod generation', keen to own the latest gadgets.

The product will launch exclusively in Boots on November 24, with general distribution planned for January.

Product info:
Price: £12.99 (including 14 pads); refills £4.99/30
Neutrogena
Tel: 01628 822222

Results on the spot

Axis-Shield has brought its Afinion HbA_{1c} testing device for detecting or monitoring diabetes to the pharmacy sector.

The compact analyser gives results within five minutes of testing a single drop of either blood or urine. It can show how much glucose red blood cells have been exposed to over 120 days. Up to 500 patient records can be stored. The analyser is said to be easy to use and could be operated by an assistant with appropriate training.

The Afinion costs around £4,000 to buy, says Axis-Shield, and the test cartridges cost £4 to £5 each, depending on how many are ordered. Training is available at no extra charge.

The company suggests pharmacies may be able to come to a financial arrangement with the local NHS or doctor's surgery to offer the service.

For further information, phone Sue Younghusband on the number below.

Product info:
Axis-Shield UK
Tel: 01480 862100
www.axis-shielduk.com

Bubble-laden sponges

Spongellé bodywash-infused sponges are newly available from Relax UK.

Said to provide a luxurious spa-at-home shower experience, the sponges can be used to exfoliate, purify, massage and hydrate the skin. When wet they lather up, releasing the bodywash and botanical fragrances. Meanwhile, collagen, olive oil, lemongrass and sea kelp extracts smooth the skin.

A range of shapes, colours and fragrances is available including hearts and daisies. There are variants for men and children too.

Price: from £7.50-£11
Relax UK
Tel: 01206 211552
www.spongelle.org.uk

FREE!
We have 10 Spongellé Pedi-Buffers to give away to C+D readers. Email your name and address by November 7 to competitions@cmpmedica.com with 'Relax' as the subject

The Pedi-Buffer cleanses, detoxifies, buffs and softens the skin and will last for 20 or more uses.

Spongellé sponges make ideal presents and stocking fillers, suggests Relax.

A dedicated website launched this week.

Imodium back in an Instant

The GSL format of Imodium Instants (loperamide 2mg) is back in stock, reports manufacturer McNeil Products. The SKU went out of stock in July after the brand's 'Nothing works faster' campaign triggered 'phenomenal growth' for the melt-in-the-mouth format of the anti-diarrhoeal treatment. A further peak in sales is forecast for the festive season.

Julia Anderton, brand manager for Imodium, comments: "The demand for Instants has been far greater than we expected. Thirty-three per cent growth (source IRI 52 weeks ending June 14) is fantastic, and we've seen loyalty figures rise as well."

Product info:
McNeil Products
Tel: 01628 822222
www.immodium.co.uk

C+D BUSINESS SEMINARS
Make *your* business stand out from the crowd. See page 16

AS SEEN ON TV

FRONTLINE®
Spot On Dog
Solution for spot on application
For the treatment and prevention of Flea and Tick infestations and the control of biting lice.
for dogs of 10-20 kg

FRONTLINE®
Spot On Cat
Solution for spot on application
For the treatment and prevention of Flea and Tick infestations and the control of biting lice.
for cats

FRONTLINE® Spot On.
It's never been so easy to get your paws on it.

The nation's market-leading flea, tick and lice protection is now available from both UniChem Ltd and Sigma Pharmaceuticals plc. So if you're looking for a high-margin sales opportunity, it's now even easier to track it down.

To order FRONTLINE Spot On simply call UniChem on 01773 515498/9 or call Sigma on 0800 597 4462.

For FRONTLINE Spot On training support and point-of-sale materials, call us on 0870 6000123.

UniChem

SIGMA Pharmaceuticals plc

FRONTLINE® Spot On

MERIAL

FRONTLINE® Spot On contains fipronil NFA-VPS. ®Registered Trademark.
For further information contact Merial Animal Health Ltd, CM19 5TG, UK.
©Merial Ltd 2008. All rights reserved.

Products in brief

Declutter the dispensary

Point of sale specialist ATL Associates is offering a range of pharmacy storage and dispensing solutions following a link up with Spanish firm Metal Apotheka.
ATL Associates, tel: 01664 454511
www.atl-associates.com

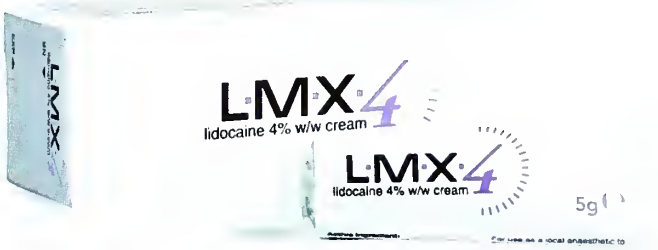
Clarification

The numbers in the Frontline Spot On story (C+D, October 25, p26) were incorrectly supplied. The correct numbers are UniChem, tel: 01773 515498/01773 515499; Sigma, tel: 0800 597 4462.

Needles without pain

LMX4 is a new topical anaesthetic cream available from Ferndale Pharmaceuticals. The lidocaine 4 per cent w/w cream can be used for surface anaesthesia prior to needle prick procedures in patients aged from one month. The cream should be applied 30 minutes in advance.

Price: £5.25/5g
Pip code: 342-3472
Ferndale Pharmaceuticals
Tel: 01937 541122
info@ferndalepharma.co.uk



In LMX4, the lidocaine is encapsulated within liposomes. This helps stabilise the formulation and aids penetration.

Unopened, the product has a shelf life of two years or three months once it has been opened.

It has good skin tolerance, reports Ferndale Pharmaceuticals, and does not require special storage conditions.

Bblonde's new look

The Jerome Russell Bblonde hair dye brand has been given a new look. Packaging is designed to give a modern, premium and attractive feel, says Jerome Russell. Extra information has been added about ingredients and development times, along with the message that the brand is a blonding specialist. Variants for men and women are available. A new website will launch shortly.

Product info:
The Miles Group
Tel: 01484 536344

Glutafin mixes it up

Gluten-free food specialist Glutafin has improved its multipurpose mixes, making them more versatile.

The Select gluten-free multipurpose white mix is described as ideal for making sweet cakes, breads, biscuits and pastry, savoury breads and pastries, sauces and batters.

Meanwhile, Select gluten-free multipurpose fibre mix can be used to give a nutty flavour and fibre texture when making fruit cakes, breads, pastries, biscuits, pancakes and sauces, says Glutafin.

Patients following gluten and wheat-free diets can be referred to the company's website for a range of recipes.

Rachel Telford, Glutafin brand manager, comments: "We have created a new easy to flick through recipe section on our website.

"We have over 100 fantastic recipes on the site including such delights as toffee apple cake and fish shop cod in batter and patients can now search for their perfect recipe by meal and recipe type, occasion and time to make."

Product info:
Glutafin
Tel: 0800 988 2470
www.glutafin.co.uk

Chlamydia
Are you ready to TEST and TREAT?

FOLLOW THE SIMPLE FIVE POINT PLAN:

1 **Order** an NPA Chlamydia Resource Pack
2 **Ensure** your Pharmacy has internet access (broadband is best) - you'll need internet access in order to verify test results for patients.
3 **Register** pharmacy details on www.ggresults.co.uk
4 **Train** your staff
5 **Supply** Clamelle Chlamydia Test Kits and Clamelle Azithromycin 500mg Tablets from your pharmacy - available from wholesalers from October onwards.

Call the NPA Sales Team now on **01727 800401** to place your order or for more information. (cost £21 excl VAT) Order code CHL001.
Information also available at www.npa.co.uk/members

NPA National Pharmacy Association

Products advertised on TV next week

Abidec: C4, Sat
Bassetts soft & chewy vitamins: GMTV, Sat
Gaviscon Double Action: All areas except GMTV, C4
Hedrin: GMTV, five, Sat
Nurofen Express: ITV, Sat
Seven Seas Cod Liver Oil & JointCare: All areas

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

12 WEEK CHAMPIX THERAPY SUPPORTS QUIT SUCCESS[1]

- The acute effects of stopping smoking can continue for more than 10 weeks[2]
- *CHAMPIX* has a unique dual mode of action developed to reduce:[3-5]
  - nicotine cravings
  - withdrawal symptoms
  - pleasurable effects of smoking

CHAMPIX – A 12 week course for your motivated quitters

CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION – UK. (See Champix Summary of Product Characteristics for full Prescribing Information). Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation**: White, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 1.0" on the other side. **Indications**: Champix is indicated for smoking cessation in adults. **Dosage**: The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency**: *Mild to moderate renal impairment*: No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events*: Dosing may be reduced to 1 mg once daily. *Severe renal impairment*: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease*: Treatment is not recommended. **Patients with hepatic impairment and elderly patients**: No dosage adjustment is necessary. **Paediatric patients**: Not recommended in patients below the age of 18 years. **Contraindications**: Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions**: *Effect of smoking cessation:* Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Depression, suicidal ideation and behaviour and suicide attempts have been reported in patients attempting to quit smoking with Champix in the post-marketing experience. Not all patients had stopped smoking at the time of onset of symptoms and not all patients had known pre-existing psychiatric illness. Champix should be discontinued immediately if agitation, depressed mood or changes in behaviour that are of concern for the doctor, the patient, family or caregivers are observed, or if the patient develops suicidal ideation or suicidal behaviour. Depressed mood, rarely including suicidal ideation and suicide attempt, may be a symptom of nicotine withdrawal. In addition, smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). The safety and efficacy of Champix in patients with serious psychiatric illness has not been established. There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation**: Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery**: Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. Patients are advised not to drive, operate complex machinery or engage in other potentially hazardous activities until it is known whether this medicinal product affects their ability to perform these activities. **Side-Effects**: Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side-effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side-effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for other less commonly reported side-effects. **Overdose**: Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category**: POM. **Basic NHS cost**: Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder**: Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request**: Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey, KT20 7NS. Last revised: 08/2008.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Pfizer Medical Information on 01304 616161.

For further information, please contact Pfizer Medical Information on 01304 616161 or email medinfo.uk@pfizer.com

References: 1. CHAMPIX Summary of Product Characteristics. August 2008. **2.** West R and Shiffman S, Fast Facts. Smoking cessation. Indispensable guides to clinical practice. 2004, Oxford: Health Press **3.** Gonzales D *et al.* Varenicline, an α4β2 nicotinic acetylcholine receptor partial agonist, vs sustained-release bupropion and placebo for smoking cessation. A randomized controlled trial. JAMA 2006; 296:47-55. **4.** Jorenby DE *et al.* Efficacy of varenicline, an α4β2 nicotinic acetylcholine receptor partial agonist, vs placebo or sustained-release bupropion for smoking cessation. A randomized controlled trial. JAMA 2006; 296:56-63. **5.** Coe JW *et al.* Varenicline: An α4β2 nicotinic receptor partial agonist for smoking cessation. J Med Chem 2005; 48:3474-3477.

CHAMPIX
varenicline tartrate

Pfizer Date of preparation: August 2008. CHA552a

Gut feelings

Gastrointestinal conditions haven't been top of the list when it comes to setting up pharmacy services. **Zoe Smeaton** looks at new initiatives that could settle the problem

As many as 40 per cent of your patients may suffer from it each year; it costs the NHS £600 million annually for prescribed drugs and further treatment; and OTC remedies to treat it take up precious shelf space in your shop and patients spend £100m on it every year. But chances are you're one of the many pharmacists who haven't even considered how focusing on this condition could help you improve life for patients, and for yourself.

Nice guidance states that community pharmacists should provide both "the first point of contact and ongoing support" for patients suffering from dyspepsia.

So what should you be doing for patients and how could you boost your business in this area?

A key role for pharmacists comes is in offering basic advice for patients. This could cover self-treatment using OTC antacids, helping with any prescribed drugs, and general lifestyle tips such as avoiding too much alcohol and fatty foods or quitting smoking. Pharmacists should also be on the look out for 'alarm signs' in patients, says Nice, which could include difficulty swallowing, gastrointestinal bleeding, unintentional weight loss or persistent vomiting.

Dr Richard Stevens, a GP in Oxford and past chair of the Primary Care Society for Gastroenterology, agrees that pharmacists can play a role in managing gastrointestinal patients. He says it is "quite nice" to see them feature prominently in Nice guidance on dyspepsia so that "everyone involved in GI patients from surgeons through to community pharmacists" could be involved in their treatment.

Another, perhaps more fundamental, role for pharmacy comes from raising awareness of gastrointestinal issues. For many patients it could be possible to manage their symptoms over a long period of time just by using OTC remedies but without investigating an underlying cause. However, this could allow conditions to deteriorate, or cost the NHS money if the patient is moved onto proton pump inhibitors (PPIs).

Julie Lamble, a nutritional biochemist and nutritionist at Lifeplan Products, says: "The Gut Health Website reports that over one million people are diagnosed with a digestive condition or disease each year in England, while one in five UK adults suffers from a digestive complaint at any time." But she adds: "Few of us consider the health of our digestive system." Although Lifeplan reports that sales indicate the UK is becoming more gut-conscious than it used to be, the notion that many patients never consider it has been supported by a DulcoEase survey that found many people are unaware of their bowel health despite being conscious of other health issues.

It's not just patients who are overlooking this area of health issue; Dr Stevens says for such a widespread condition it has little prominence

GI conditions cost the NHS £600m a year

Patients spend £100m a year on OTC remedies

One in five UK adults suffer from a digestive complaint at any time

THIS WEEK IS THREADWORM ACTION WEEK!

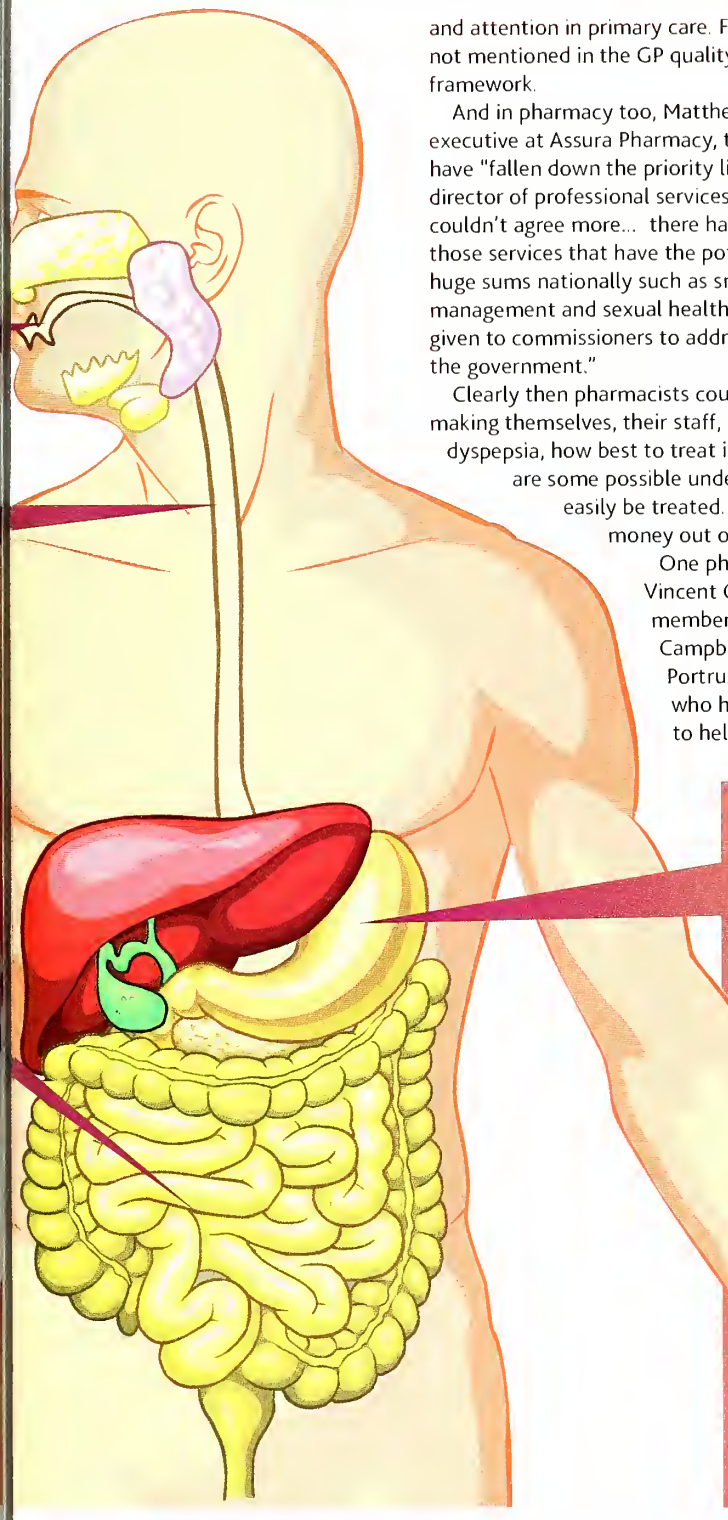
Calling all pharmacies...

Threadworm Action Week 3rd-7th November 2008

Pripsen
Mebendazole Tablets

Threadworm Action Week is sponsored by Pripsen: complete effective treatment for threadworm

Product Name: Pripsen Mebendazole Tablets Supply Classification: P Further information is available from Thornton & Ross Ltd, Linthwaite, Huddersfield, HD7 5QH.



and attention in primary care. For example, he says it is not mentioned in the GP quality and outcomes framework.

And in pharmacy too, Matthew Clegg, marketing executive at Assura Pharmacy, thinks gastro problems have "fallen down the priority list a little bit". Mimi Lau, director of professional services at Numark, adds: "I couldn't agree more... there has been more focus on those services that have the potential to save the NHS huge sums nationally such as smoking cessation, weight management and sexual health. More money is being given to commissioners to address these 'big tickets' for the government."

Clearly then pharmacists could have a role to play by making themselves, their staff, and patients aware of dyspepsia, how best to treat it and the fact that there are some possible underlying causes which can easily be treated. But can you make any money out of it?

One pharmacist who says yes is Vincent Campbell, a Numark member and contractor at Campbell's Pharmacy in Portrush, Northern Ireland, who has been commissioned to help patients carry out H pylori tests. Nice guidance counts testing for the bacteria as an "initial therapeutic strategy" for many patients with dyspepsia, and says there is insufficient evidence to decide whether that or treatment with PPIs should be offered first.

H pylori testing can cut the overprescribing of antibiotics and subsequent resistance

The guidance adds that – in those testing positively for the bacteria – H pylori eradication is more effective than empirical acid suppression at reducing symptoms after one year; the response rate was 47 per cent with acid suppression, and 60 per cent with H pylori eradication.

In Portrush, patients were prescribed a breath test for H pylori by their GP and the pharmacy was paid by the health board to help them take the test. Testing people for H pylori, ▶

GOING PRIVATE

Assura Pharmacy now offers patients a private GastroView test, billed as a three in one indigestion test. A blood sample is taken by pricking the patient's finger, and tested in a lab for the presence of H pylori and the levels of digestive enzymes. This gives a "window on the health of the stomach", the group says.

Matthew Clegg, marketing executive at Assura Pharmacy, said the group had wanted to give patients access to a private high quality screening process so they could avoid NHS waiting lists and more invasive investigatory procedures. "A lot of patients complain of severe discomfort, so we can give them further information about their condition."

The test costs £34.99, and pharmacists have been targeting patients with prescriptions for PPIs, often linking the testing to an MUR.

Mr Clegg says the service has "not set the world on fire in terms of volume", but Assura has received positive feedback from many patients and it has improved patient loyalty.

The group will be approaching PCTs to talk about getting the services commissioned. "It has a place as a private service, but we would like to start working with the NHS to make this part of what they do," Mr Clegg says.

It's time to take action on Threadworms!

From now until February is the peak time for this itchy parasite to make itself felt[1].

An estimated 40% of children under ten become infected at some time[2] and once infected with threadworm then the risk of transmission to other family members is as high as 75%[3]. So make sure you're fully prepared for lots of itchy questions with free pharmacy resources including customer leaflets, posters, fact sheet and a DVD.

References
1 Prescribing Nurse Bulletin, Volume 1, Number 3, 1999
2 RCGP fact sheet 32, 1996
3 http://www.cks.library.nhs.uk/threadworm

Request your FREE Threadworm Action Pack!

Call the Threadworm Action Line:
0208 242 4043
Or, order online at:
www.fredworm.co.uk

Mr Campbell explains, can help cut down on over-prescribing of antibiotics and subsequent resistance.

He adds that the service was a help to GPs as it provided a controlled environment for the tests, ensuring reliable and accurate results. "You could get patients to do it at home, but the chances are not everyone would do it as they should so you wouldn't have results you could rely on."

As Dr Stevens explains, the test is not simple: "It's not just blowing into something." He says patients have to starve prior to taking the test, then blow into a tube and cap it before other procedures – "it's quite a performance".

Mr Campbell is no longer being funded for the service but hopes to win it back once the health service in Northern Ireland is restructured. The service has proved popular and he sees patients on a weekly basis, but looking ahead he thinks helping GPs to identify patients suitable for a test could be a "natural progression".

A scheme in Hammersmith and Fulham has also seen pharmacists provide H pylori testing in a similar arrangement and, despite the introduction of stool testing for the bacteria reducing the number of patients, Michael Levitan, LPC secretary for Ealing, Hammersmith & Hounslow, says it is still being offered by pharmacies. There had been resistance from some patients to the stool testing, he said, which meant the H pylori pharmacy service still had a "steady stream" of patients.

Vincent Cambell's H pylori service helps ensure that patients are taking their tests under the right conditions

There is also the option to go private, as Assura Pharmacy has done. But whichever way you choose, with so many patients there is clearly great potential and many options for pharmacy to explore. For example, Assura hopes to offer a range of other diagnostic products related to gastrointestinal health, such as coeliac testing, or services for patients with irritable bowel syndrome.

As Ms Lau says, H pylori testing is not generally high up on people's radars, "but this doesn't mean it's less important and I would say in some regions it can be one of the biggest health problems". She adds that in future she would like to see more funding locally for this service. And in the meantime, anything pharmacists can do to get services off the ground or raise awareness among patients, can only be a good thing.

Products

Fresh bread loaf is new gluten-free option for coeliacs

The Juvela fresh bread range has been boosted by the addition of a gluten-free fresh fibre loaf.

Juvela provides gluten-free products on prescription for coeliacs.

The new bread is a fresh product that is baked and delivered in cases of eight loaves twice a week direct to pharmacies. It can be frozen and Juvela says it has received a positive response during sensory evaluation by coeliacs.

Patients can ask their GP to amend their prescription or to download a prescription form from www.juvela.co.uk. To obtain a free sample for customers, pharmacists can email info@juvela.co.uk quoting C+D.

Juvela, tel: 0870 850 5948

Bowel health flip chart to aid dialogue

DulcoEase
docusate sodium 100mg capsules
Stool Softener
to soften hard stools for a comfortable way to go to the loo
30 Soft Gel Capsules

Pharmacists can now use a consultation room flip chart to help them talk to patients about bowel health.

The flip chart comes after a DulcoEase survey revealed that although most people in the UK have suffered from at least one common bowel problem, almost half (47 per cent) never think about their bowel health. While 86 per cent of the people surveyed said they were aware of their weight and 53 per cent of their blood pressure, just 24 per cent said they took notice of their bowel health.

Pharmacists can request or download the resource, developed by Boehringer Ingelheim, at www.bowel-health.co.uk. A further resource, a What's Your Type? booklet designed to raise awareness of bowel health, is also available from www.passitonnow.co.uk.

DulcoEase is a stool softener for patients with hard, dry bowel movements.

Price: £4.99/30

Ascent Healthcare, tel: 01491 835423

Profession should manage IBS patients

More than a third of irritable bowel syndrome (IBS) patients would prefer pharmacies to lead the ongoing management of their condition, according to research from Buscopan IBS Relief.

Nice guidelines say IBS patients should be given information on lifestyle as well as symptom-targeted medication to manage their conditions.

An IBS symptoms checklist has been designed to help sufferers describe and discuss their symptoms with their GP to aid diagnosis. This is free to pharmacists and can be downloaded from www.ibs-relief.co.uk.

Buscopan IBS Relief provides relief from abdominal pain caused by cramps and spasms associated with IBS. It is designed to relax the cramping muscle of the bowel and the active ingredient is hyoscine butylbromide.

Price: £4.39/20

Ascent Healthcare, tel: 01491 835423

Rennie ICE joins heartburn and indigestion range

Rennie ICE, a new product to relieve the symptoms of heartburn and indigestion, and the rest of the Rennie range are being supported by a £6 million advertising campaign.

Rennie ICE contains calcium carbonate and magnesium carbonate, and the range includes a 'pocket pack' designed for consumers on the go.

It is hoped that Rennie's latest addition will further enhance the brand's reputation.

Price: £3.69/48; £2.29/24; £1.99/12 (Pocket Pack)

Ceuta Healthcare, 01202 780558

Scholl

SPRING SUMMER 2009

PHARMACY FOOTWEAR

- Nearly **30%** of UK women aged 25+ interested in buying shoes from Pharmacy*
- Footwear pre-sell for **Spring / Summer 2009** now taking place
- **UniChem** is the exclusive distributor for **Scholl Footwear** to Independent Pharmacy
- Full range can be ordered with other products for fast delivery – no excess stock holding and top-up orders from 1+ pair
- Point of sale package available**

UniChem

FOR FURTHER DETAILS, PLEASE CONTACT YOUR SSL REPRESENTATIVE OR SCHOLL FOOTWEAR DIRECT. TEL: 0800 074 2040 QUOTE REFERENCE: CD1

* Scholl UK Pharmacy Research – Jul 08

** Subject to minimum order requirements

SCHOLL IS A TRADE MARK OF SSL INTERNATIONAL

How to...

Be the best locum

A new wave of pharmacists has just been released into the locum pool, but whether you're new on the block or you've been round it a few times, do you know how to be the best and stand out from the rest? The LocumVoice pharmacists have put their heads together and come up with some simple ideas that should keep your phone ringing and your diary as full as you want

Starting out

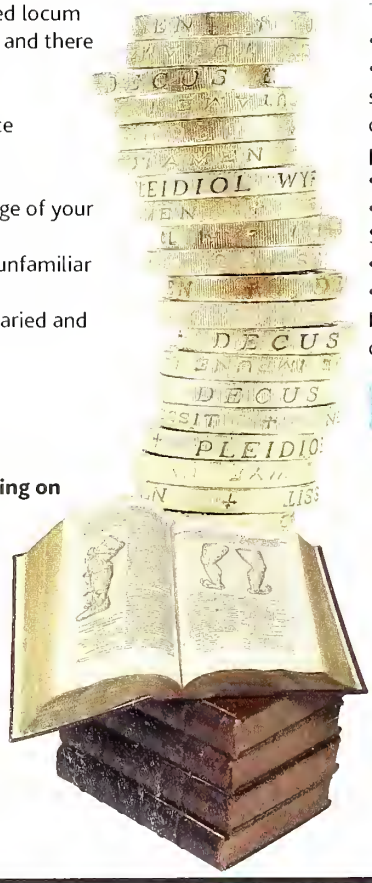
Being a locum is a risky business. Apart from the additional professional risks, there is no guarantee of work, no holiday or sick pay and no company pension. As a self-employed locum you have to sort out your own tax and NI payments and there are few support mechanisms.

The issues:

- Are you and your finances sufficiently robust to face the risks?
- Are you prepared to sort out your own tax affairs?
- Are you disciplined enough to put aside a percentage of your earnings to pay the tax later?
- Are you experienced enough to handle working in unfamiliar surroundings?
- Are your communication skills up to dealing with varied and unfamiliar staff?

Solutions

- **Insurance: The NPA and PDA offer indemnity insurance. There is a range of packages depending on the level of cover you need and PG offers pharmacy-specific income protection (www.pgdirect.co.uk)**
- **Tax affairs can be complex and costly if not correct. Seek professional advice if you are not sure what you should be doing.**
- **There is no substitute for experience and it is never wrong to admit that you do not know something or how to do something provided you know how to find out the answer.**



Skills

Contractors will want to know that you can maintain and grow their business while you are the incumbent.

The issues:

- Can you provide all the contractually required services?
- Are you accredited to provide advanced and enhanced services where applicable? (Technically you do not have to offer these services but it could set you apart and make people more willing to pay for your services.)
- Do you have a smartcard for EPS?
- Are you up to speed with the minor ailment scheme in Scotland?
- Are you signed up to local PGDs?
- Can you use CoMPaSS, Nexphase, Pharmacy Manager, ProScript and SmartScript to name a few of the IT systems out there?

Solutions

- **The only advanced services at present are MURs and PIs. Accreditation for both is available from courses such as Skills for the Future etc.**
- **Contact the local PCO(s) to find out what services have been commissioned and what training you need to undertake to allow you to deliver them. Also contact them for an EPS smartcard.**
- **Some IT companies provide user manuals etc or consider spending a short session in a pharmacy prior to locuming there. Even if unpaid it will save you time and stress in the future.**

Bookings

When you accept a booking you have to understand what is expected of you. It is always best to have the details of the booking confirmed in writing. If that is not forthcoming, confirm your understanding in writing with the person who booked you.

In addition it's always best to phone the day before to check that you are expected and to find out what lies ahead.

The issues:

- Do you know how to get there and where to park?
- Do you know the opening times and expectations relating to breaks?
- Have you clarified terms and conditions, especially rates of pay and travel expenses?
- Do you know how busy the pharmacy is and what support staff will be available?
- Do you know the range of services offered?
- Have you seen and agreed the SOPs?
- Have you signed a locum contract?

Solutions

- **General information such as opening times is available via www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx**
- **Ringing the pharmacy is often the easiest way to find out a wealth of local information, such as where to park. There is no point in setting off to arrive five minutes early if the nearest parking is 10 minutes away.**
- **If there is a regular pharmacist then maintaining the same break times is less confusing for staff and patients alike. You should not expect to be paid during a break but nor should you be asked to remain on the premises.**
- **All companies should be able to provide you with a copy of their SOPs – if you do not wish to use them, you should have your own and the company could ask to see them prior to engaging you.**
- **Sample locum contracts are available from the PDA and the NPA. Some multiples will have their own.**

On the day

Hitting it off with the staff is one of the main keys to success. Pharmacies with a regular manager will want you to fit in with the way things run. Pharmacies that run on locums want to get through the day with as little hassle as possible. Be adaptable and friendly but assertive when necessary. Most pharmacy support staff are hard working and conscientious but earn very little. Being empathetic costs nothing but can mean your day runs more smoothly and the cups of tea and coffee will be more forthcoming.

The issues:

- Do you know how to deal with bagging and storing the checked scripts?
- Do you know how to deal with owings?
- Do you know how to deal with repeat prescription service requests and deliveries?
- Do you know how to handle a request for a PGD EHC if you're not signed up?
- Do you know how to claim your fee?

Solutions

- **If in doubt, ask the staff what the normal process is.**
- **If there does not appear to be a normal process, check the SOP.**
- **Over time you will assimilate so much information that many things will become second nature but it never hurts to build up an information file to take with you from pharmacy to pharmacy.**
- **Such a file could contain:**
- **Current MEP**
- **List of places supplying EHC in the local area etc**
- **Copy of Imigran Recovery and Levonelle questionnaires**
- **List of handy phone numbers**
- **Payment may be in the form of a cheque, cash or BACS transfer. Some pharmacies prefer to wait until nearer the end of the day before sorting out payment issues, others like to get it out of the way earlier on. This is one issue that could be clarified at the time of booking.**

Locum crimes

The biggest crime for a locum is coming in for a day and making changes to the dispensary, to the systems or worst of all to the PMR. Doing any of these things almost guarantees you will not be asked back. If something is unsafe then clearly something has to be done about it. Otherwise change nothing.

There are all sorts of ways to upset the regular staff:

- not answering the phone
- not helping to put the order away
- reading the newspaper at the dispensing bench
- using your mobile phone in the dispensary, and
- not leaving clear information about outstanding queries.

Solutions

- **Check at the start of the day how the staff answer the phone and try to remember where you are working.**
- **Putting the order away helps you figure out where things are which helps when people are on breaks etc and you have to try to find a particular product.**
- **Newspapers are for rest breaks.**
- **Keep mobiles on silent and reply to calls or texts during a rest break. Nothing irritates staff more than a locum with a phone glued to their ear all day long. The only exception should be if the call relates to a query from another pharmacy.**
- **Use Post-it notes to leave messages about queries and try to leave a number that you can be contacted on the following working day.**

After the event

- Always thank the staff for the help they've given you.
- Take home any unknowns from the day and reflect on them.
- Use the reflection to feed your CPD.
- Use the CPD to improve your performance and improve your chances of being re-engaged.

More information on the financial aspects of becoming a locum can be found in C+D's LocumZone www.chemistanddruggist.co.uk/locumzone

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Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

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Open Mike — Mike Hewitson

The not-so-secret diary of a new pharmacy owner

Mike Hewitson is a glutton for punishment. In the midst of economic downturn and with first-time fatherhood looming, Mike has bought his first pharmacy. Follow him from his current home in Cheltenham to deepest, darkest Dorset, where he faces dispensing doctors, his first Society inspection and a so-far-unfurnished flat above the shop. In this PostScript column, Mike will exclusively reveal the fears, frustrations and step-by-step successes of a new pharmacy owner.

> "We have been on a rollercoaster of emotions for the last six months"

Change is big in 2008! In America it's the latest buzzword, as both presidential candidates vie to out-change each other. And for my wife Sarah and I, change has been uppermost in our minds for much of the year, as we have embarked on the biggest gamble of our lives – to buy and run our own pharmacy.

We have been on a rollercoaster ride of emotions for the last six months, exhilarated and elated at times, stressed and depressed in equal measure. But in a few weeks time, all the months of planning and negotiating will come to an end and we will fulfil a dream.

Beaminster Pharmacy, a small, family-run business in a sleepy little market town in rural Dorset, has occupied almost every waking hour of my existence since I first visited it back in March. The pharmacy has been in the hands of the current owners for the last 30 years and has the support of its community, but at the moment offers only the essential services under the pharmacy contract.

Our challenge is stark: win the support of the staff and the community, including its two dispensing practices, and introduce a full raft of new advanced and enhanced services. As if this was going to be easy, 100 miles away from our current home in Cheltenham, we are also expecting our first child in February! Find out how we get on in this regular PostScript column.

It's official, you need your cuppa

You already knew you needed that daily coffee to turn yourself into a human being in the morning, but Yale researchers are now suggesting you may not even have to drink it to feel the magic – just holding the warm mug could make you a nicer person, as well as viewing others as nicer, too.

Psychologists at the esteemed US university have shown people were more likely to judge others as generous and caring if they held a mug of hot coffee than those given an iced drink to hold. People given something hot to hold were also more likely to give something to others rather than keeping it for themselves.

So don't wait until cantankerous Mr Patient has stomped out of the pharmacy to make yourself a calming cuppa – grasp that hot brew now, and maybe he won't seem so unreasonable!

Web comment of the week

Light touch 'has made pharmacy a political heavyweight'
Posted by David Tyas on 23/10/2008, 19:38

> **Nye Bevan's** temper may have worn thin with **consultants** in 1948 but he still **"stuffed their mouths with gold";** I see **no evidence** or even likelihood of pharmacy's **lightweight** influence yielding comparable **returns**

Have your say on C+D's website
register for free at www.chemistanddruggist.co.uk

PostScript is online!

PostScript has got itself caught in the world wide web – the page for celebrating the lighter side to days in (and out of) the dispensary is now online.

Naked sales directors, RPSGB president Steve Churton confessing his love for bacon butties and an S&M festival (that's sausages and mash, thank you) are just some of the things you might find at our online home at www.chemistanddruggist.co.uk/postscript

While you're visiting the site, check out Generation Rx, the only cyber place for young pharmacists – students, pre-reg trainees or the newly qualified – to hang out. Chat in the forum, read C+D Pre-Registration Graduate of the Year Ravi Patel's blog, or get career advice at www.chemistand druggist.co.uk/generationrx

What have you and your team been up to lately?
Let us know and send us your photos.
Email postscript@cmpmedica.com

IMPORTANT INFORMATION ABOUT THE WEEKLY PRICE UPDATE

From January 2009, the C+D weekly price update leaflet will be replaced by a weekly email that will enable you to view the changes on screen and print out individual pages as you require.

We believe that the new email service will provide a number of benefits:

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References: 1. Hollander PA et al. Diabetes Care 1998; 21: 1288-1294. **2.** Hanefeld M and Sachse G. Diabetes Obes Metab 2002; 4: 415-423. **3.** Sharma AM and Golay A. J Hypertens 2002; 20: 1873-1878. **4.** Broom I et al. Br J Cardiol 2002; 9: 460-468. **5.** Torgerson JS et al. Diabetes Care 2004; 27: 155-161.

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